	Footble Nove	Roosevelt Warm Springs
	Facility Name	Rehabilitation Hospital
	Medicaid Provider ID	000000778A
	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		1 0000
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL status (4	
7	CAH status (1 = yes)	0
8	Madianidia articut deima anidat arrayant. O	
9	Medicaid inpatient claims paid at amount > 0:	2,000,127
	covered charges	3,009,127
	payments for services	3,197,344
	annual covered charges	3,009,127
	annual payments for services	3,197,344
14		
15	Medicare inpatient CCR	1.000
16		
17	annual cost of services (max CCR=1.0)	3,009,127
18		
	adjustment factor	
	inflation	1.0343
21		
	adjusted annual charges	3,112,418
23	adjusted Medicaid payments for services	3,307,096
_	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	3,307,096
26	adjusted cost of services	3,112,418
27		
	other UPL calculation data	
29	provider category for UPL calculation	State Govt.
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	3,112,418
35	facility specific UPL amount	(194,678)
36		
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	194,678
	allocation of supplemental payments	0
	total aggregate limit adjustments	194,678
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	0
43	Original payment made in FY 2014	0
	difference	0
	Intergovernmental transfer amount	0
46	Net funds amount	0

	Facility Name	Georgia Health Sciences Medical Center
1	Medicaid Provider ID	00000723A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4	- Control of the cont	
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	116,865,677
	payments for services	37,147,500
	annual covered charges	116,865,677
13	annual payments for services	37,147,500
15	Medicare inpatient CCR	0.378
16		
17	annual cost of services (max CCR=1.0)	44,178,596
18	armaar coor or certificat (man corr 210)	1.1,27.6,655
	adjustment factor	
	inflation	1.0343
21		1.0343
	adjusted annual charges	120,877,208
23	adjusted Medicaid payments for services	38,422,625
	supplemental rate adjustment payments	5,030,954
	total adjusted Medicaid payments	43,453,579
26	adjusted cost of services	45,695,070
27	aujusted cost of services	15,655,676
28	other UPL calculation data	
29	provider category for UPL calculation	State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.688204
32	maximum annual payments (at DRG differential)	64,865,225
33		3 1,000,120
34	maximum annual payments	64,865,225
35	facility specific UPL amount	21,411,646
36	- assure, specific of Lamount	21,711,040
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(194,678)
39	allocation of supplemental payments	(0)
40	total aggregate limit adjustments	(194,678)
41	rotal apprepare mine adjustments	(154,076)
42	UPL amount after aggregate limit adjustments - ADJUSTED	21,216,968
43	Original payment made in FY 2014	21,216,968
44	difference	
	Intergovernmental transfer amount	(0)
40	intergovernmental transfer amount	ı

	Facility Name	Appling Hospital
1	Medicaid Provider ID	00000052A
2	base period report period beginning date	09/01/10
3	base period report period ending date	08/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	2,559,076
	payments for services	1,050,059
12	annual covered charges	2,559,076
13	annual payments for services	1,050,059
14	Madisons investigat CCD	0.490
15	Medicare inpatient CCR	0.489
16	annual and of annian (una CCD 10)	4 252 206
17	annual cost of services (max CCR=1.0)	1,252,386
18		
19	adjustment factor	1.0020
20	inflation	1.0628
21	adjusted applied shares	2 710 691
22	adjusted annual charges	2,719,681
23	adjusted Medicaid payments for services	1,115,960
24	supplemental rate adjustment payments	1 115 000
25 26	total adjusted Medicaid payments adjusted cost of services	1,115,960
27	adjusted cost of services	1,330,984
28	other UPL calculation data	
29		Non-State Govt.
	provider category for UPL calculation basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,253,874
33	maximum annual payments (at DNG anterential)	1,233,674
34	maximum annual payments	1,253,874
35	facility specific UPL amount	137,914
36	racinty specific of Earnount	137,514
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(1,649)
39	allocation of supplemental payments	(64,536)
40	total aggregate limit adjustments	(66,185)
41		(33,133)
42	UPL amount after aggregate limit adjustments - ADJUSTED	71,729
43	Original payment made in FY 2014	37,071
44	difference	34,658
45	Intergovernmental transfer amount	11,808
46	Net funds amount	22,850

	Facility Name	Athens Regional N Center	Medical
1	Medicaid Provider ID	00000074A	
2	base period report period beginning date		10/01/10
3	base period report period ending date		09/30/11
4			
5 6	adjustment factor (if period not equal to 1 year)		1.0000
	CAH status (1 = yes)		0
8	CATT Status (1 – yes)		
	Medicaid inpatient claims paid at amount > 0:		
-	covered charges		52,349,546
	payments for services		15,279,626
	annual covered charges		52,349,546
	annual payments for services		15,279,626
14	annual payments for services		13,279,020
	Modicare innationt CCP		0.21/
	Medicare inpatient CCR		0.314
16	annual cost of comics (may CCD 10)		16 410 242
	annual cost of services (max CCR=1.0)		16,418,243
18	a Marakan and Cardan		
	adjustment factor		4.0572
	inflation		1.0573
21			
	adjusted annual charges		55,347,919
	adjusted Medicaid payments for services		16,154,782
	supplemental rate adjustment payments		0
	total adjusted Medicaid payments		16,154,782
	adjusted cost of services		17,358,614
27			
	other UPL calculation data		
	provider category for UPL calculation	Non-State Govt.	
30	basis for UPL calculation	DRG differential	
	DRG differential adjustment rate		1.123583
32	maximum annual payments (at DRG differential)		18,151,241
33			
34	maximum annual payments		18,151,241
35	facility specific UPL amount		1,996,459
36			
37	aggregate limit adjustments		
38	allocation of UPL amounts < 0		(23,877)
39	allocation of supplemental payments		(934,229)
40	total aggregate limit adjustments		(958,106)
41			
42	UPL amount after aggregate limit adjustments - ADJUSTED		1,038,353
43	Original payment made in FY 2014		536,640
	difference		501,713
	Intergovernmental transfer amount		170,934
	Net funds amount		330,779

	Facility Name	Berrien County Hospital
	Medicaid Provider ID	00000173A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL 1	
7	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	246 260
	covered charges	246,260
	payments for services	114,161
	annual covered charges	246,260
13 14	annual payments for services	114,161
15	Medicare inpatient CCR	0.352
16	Wiedicare impatient CCN	0.332
17	annual cost of services (max CCR=1.0)	86,782
18	allitual cost of services (max ccn-1.0)	80,782
_	adjustment factor	
	inflation	1.0343
21	maton	1.0343
	adjusted annual charges	254,713
23	adjusted Medicaid payments for services	118,080
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	118,080
26	adjusted cost of services	89,761
27		55,155
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	132,673
33		
34	maximum annual payments	132,673
35	facility specific UPL amount	14,593
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(175)
39	allocation of supplemental payments	(6,828)
40	total aggregate limit adjustments	(7,003)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	7,590
43	Original payment made in FY 2014	3,922
44	difference	3,668
	Intergovernmental transfer amount	1,250
46	Net funds amount	2,418

	Facility Name	Burke Medical Center
1	Medicaid Provider ID	000000283A
2	base period report period beginning date	06/01/11
3	base period report period ending date	05/31/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	480,683
11	payments for services	402,404
12	annual covered charges	480,683
13	annual payments for services	402,404
14		
15	Medicare inpatient CCR	0.624
16		
17	annual cost of services (max CCR=1.0)	299,721
18		
19	adjustment factor	
20	inflation	1.0336
21		
22	adjusted annual charges	496,848
23	adjusted Medicaid payments for services	415,937
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	415,937
26	adjusted cost of services	309,801
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	467,340
33		
34	maximum annual payments	467,340
35	facility specific UPL amount	51,403
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(615)
39	allocation of supplemental payments	(24,054)
40	total aggregate limit adjustments	(24,669)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	26,734
43	Original payment made in FY 2014	13,817
44	difference	12,917
45	Intergovernmental transfer amount	4,401
46	Net funds amount	8,516

	Facility Name	CHOA - Hughes Spalding
	Medicaid Provider ID	000679808A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL 1	
7	CAH status (1 = yes)	0
8	Madissid innations slaims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	F 2F4 702
	covered charges	5,354,702
	payments for services	2,035,953
	annual covered charges	5,354,702
13 14	annual payments for services	2,035,953
15	Medicare inpatient CCR	0.260
16	Wiedicare impatient CCN	0.200
17	annual cost of services (max CCR=1.0)	1,394,465
18	allitual cost of services (max ccn-1.0)	1,394,403
_	adjustment factor	
	inflation	1.0438
21	milation	1.0436
	adjusted annual charges	5,589,291
23	adjusted Medicaid payments for services	2,125,148
	supplemental rate adjustment payments	2,123,140
_	total adjusted Medicaid payments	2,125,148
26	adjusted cost of services	1,455,557
27		1,133,337
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33	, , , , , , , , , , , , , , , , , , , ,	
34	maximum annual payments	1,455,557
35	facility specific UPL amount	(669,591)
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	669,591
39	allocation of supplemental payments	0
	total aggregate limit adjustments	669,591
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

	Facility Name	Coffee Regional Medical Center
1	Medicaid Provider ID	00000448A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	8,889,556
11	payments for services	3,738,763
12	annual covered charges	8,889,556
13	annual payments for services	3,738,763
14		
15	Medicare inpatient CCR	0.360
16		
17	annual cost of services (max CCR=1.0)	3,197,094
18		
19	adjustment factor	
20	inflation	1.0438
21		
22	adjusted annual charges	9,279,007
23	adjusted Medicaid payments for services	3,902,558
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,902,558
26	adjusted cost of services	3,337,159
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,384,848
33		
34	maximum annual payments	4,384,848
35	facility specific UPL amount	482,290
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(5,768)
39	allocation of supplemental payments	(225,684)
40	total aggregate limit adjustments	(231,452)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	250,838
43	Original payment made in FY 2014	129,638
44	difference	121,200
45	Intergovernmental transfer amount	41,293
46	Net funds amount	79,907

6 7 CAH status (1 = yes)			
1 Medicaid Provider ID 000002021A 10/01/10 2 base period report period beginning date 09/30/11 3 base period report period ending date 09/30/11 4			
2 base period report period beginning date 10/01/10 3 base period report period ending date 09/30/11 4 5 5 adjustment factor (if period not equal to 1 year) 1.0000 6 7 CAH status (1 = yes) (CAH status (1 = yes)) (CAH status (1 =		•	
3 base period report period ending date 09/30/11 4	1		
4			
adjustment factor (if period not equal to 1 year)  Redicaid inpatient claims paid at amount > 0:  covered charges  payments for services  annual covered charges  nual payments for services  annual payments for services  annual cost of services (max CCR=1.0)  adjustment factor  inflation  adjusted annual charges  adjusted Medicaid payments for services  adjusted Medicaid payments  be adjusted Medicaid payments  cotal adjusted Medicaid payments  Cotal adjusted Medicaid payments  Cotal adjusted Medicaid payments  Cotal adjusted Medicaid payments  DRG differential adjustment rate  BRG differential adjustment rate  DRG differential adjustments  Medicare inpatient CCR  0.467		base period report period ending date	09/30/11
6 CAH status (1 = yes)			
7 CAH status (1 = yes)		adjustment factor (if period not equal to 1 year)	1.0000
8         Medicaid inpatient claims paid at amount > 0:           10         covered charges         7,119,696           11         payments for services         3,259,624           12         annual covered charges         7,119,696           13         annual payments for services         3,259,624           15         Medicare inpatient CCR         0.467           16         0.467           17         annual cost of services (max CCR=1.0)         3,323,977           18         0.467           19         adjustment factor         0.467           20         inflation         1.0573           21         adjusted medicaid payments for services         3,446,322           23         adjusted Medicaid payments         0.7527,484           24         supplemental rate adjustment payments         0.0           25         total adjusted Medicaid payments         3,446,322           24         supplemental rate adjustment payments         0.0           25         total adjusted Cost of services         3,514,361           26         adjusted cost of services         3,514,361           27         20         1.12 cost of services           30         basis for UPL calculation			
9 Medicaid inpatient claims paid at amount > 0:           10 covered charges         7,119,696           11 payments for services         3,259,624           12 annual covered charges         7,119,696           13 annual payments for services         3,259,624           14         Medicare inpatient CCR         0,467           16         0           17 annual cost of services (max CCR=1.0)         3,323,977           18         0           19 adjustment factor         inflation           10 inflation         1.0573           21 djusted annual charges         7,527,484           23 adjusted Medicaid payments for services         3,446,322           24 supplemental rate adjustment payments         0           25 total adjusted Medicaid payments         3,446,322           26 adjusted cost of services         3,514,361           27         2           28 other UPL calculation data         2           29 provider category for UPL calculation         Non-State Govt.           30 basis for UPL calculation         Non-State Govt.           31 DRG differential adjustment rate         1.12358           32 maximum annual payments (at DRG differential)         3,872,225           35 facility specific UPL amount         425,907		CAH status (1 = yes)	0
10         covered charges         7,119,696           11         payments for services         3,259,624           12         annual covered charges         7,119,696           13         annual payments for services         3,259,624           14         4           15         Medicare inpatient CCR         0.467           16			
111         payments for services         3,259,624           12         annual covered charges         7,119,696           13         annual payments for services         3,259,624           14         4           15         Medicare inpatient CCR         0.467           16         0.467           17         annual cost of services (max CCR=1.0)         3,323,977           18         0.467           20         inflation         1.0573           21         22         adjusted annual charges         7,527,484           23         adjusted Medicaid payments for services         3,446,322           24         supplemental rate adjustment payments         C           25         total adjusted Medicaid payments         3,446,322           24         supplemental rate adjustment payments         3,446,322           25         total adjusted Cost of services         3,514,361           27         28         ther UPL calculation data         Provider category for UPL calculation           30         basis for UPL calculation         Non-State Govt.           33         basis for UPL calculation         DRG differential           31         DRG differential adjustment rate         1.123583 <tr< td=""><td></td><td></td><td></td></tr<>			
112         annual covered charges         7,119,696           133         annual payments for services         3,259,624           14		<del>-</del>	
13         annual payments for services         3,259,624           14         Medicare inpatient CCR         0.467           16         annual cost of services (max CCR=1.0)         3,323,977           18         annual cost of services (max CCR=1.0)         3,323,977           18         adjustment factor         1.0573           20         inflation         1.0573           21         adjusted medicaid payments for services         3,446,322           23         adjusted Medicaid payments for services         3,446,322           24         supplemental rate adjustment payments         0           25         total adjusted Medicaid payments         3,446,322           26         adjusted cost of services         3,514,361           27         other UPL calculation data         provider category for UPL calculation           30         basis for UPL calculation         Non-State Govt.           33         basis for UPL calculation         DRG differential           31         DRG differential adjustment rate         1.123583           33         maximum annual payments (at DRG differential)         3,872,225           35         facility specific UPL amount         425,907           36         aggregate limit adjustments         (5,094<			
14         Medicare inpatient CCR         0.467           16         0.467           17         annual cost of services (max CCR=1.0)         3,323,977           18         19           19         adjustment factor         1.0573           20         inflation         1.0573           21         22         adjusted annual charges         7,527,484           23         adjusted Medicaid payments for services         3,446,322           24         supplemental rate adjustment payments         0           25         total adjusted Medicaid payments         3,446,322           26         adjusted cost of services         3,514,361           27         other UPL calculation data         0           29         provider category for UPL calculation         Non-State Govt.           30         basis for UPL calculation         DRG differential           31         DRG differential adjustment rate         1.12358           32         maximum annual payments (at DRG differential)         3,872,225           33         maximum annual payments         3,872,225           35         facility specific UPL amount         425,907           36         aggregate limit adjustments         (5,094		=	
Medicare inpatient CCR		annual payments for services	3,259,624
16         annual cost of services (max CCR=1.0)         3,323,977           18         adjustment factor           20         inflation         1.0573           21         adjusted annual charges         7,527,484           23         adjusted Medicaid payments for services         3,446,322           24         supplemental rate adjustment payments         0           25         total adjusted Medicaid payments         3,446,322           26         adjusted cost of services         3,514,363           27         other UPL calculation data         Non-State Govt.           30         basis for UPL calculation         Non-State Govt.           30         basis for UPL calculation         DRG differential           31         DRG differential adjustment rate         1.123583           32         maximum annual payments (at DRG differential)         3,872,225           33         maximum annual payments         3,872,225           34         maximum annual payments         425,907           36         aggregate limit adjustments         (199,300)           37         aggregate limit adjustments         (204,394)           41         UPL amount after aggregate limit adjustments - ADJUSTED         221,513           30			
17         annual cost of services (max CCR=1.0)         3,323,977           18         adjustment factor           20         inflation         1.0573           21         adjusted annual charges         7,527,484           23         adjusted Medicaid payments for services         3,446,322           24         supplemental rate adjustment payments         0           25         total adjusted Medicaid payments         3,446,322           26         adjusted cost of services         3,514,361           27         adjusted cost of services         3,514,361           27         ather UPL calculation data         Non-State Govt.           30         basis for UPL calculation         DRG differential           31         DRG differential adjustment rate         1.12358           32         maximum annual payments (at DRG differential)         3,872,225           33         maximum annual payments         3,872,225           35         facility specific UPL amount         425,907           36         allocation of UPL amounts < 0		Medicare inpatient CCR	0.467
18 adjustment factor 20 inflation 1.0573 21 adjusted annual charges 7,527,484 22 adjusted Medicaid payments for services 3,446,322 23 adjusted Medicaid payments for services 3,446,322 24 supplemental rate adjustment payments 3,446,322 25 total adjusted Medicaid payments 3,446,322 26 adjusted cost of services 3,514,361 27 adjusted cost of services 3,514,361 28 other UPL calculation data 9rovider category for UPL calculation Non-State Govt. 30 basis for UPL calculation DRG differential DRG differential adjustment rate 1.123583 32 maximum annual payments (at DRG differential) 3,872,225 33 facility specific UPL amount 425,907 36 amaximum annual payments (at DRG differential) 425,907 37 aggregate limit adjustments (5,094) allocation of UPL amounts < 0 (5,094) allocation of supplemental payments (204,394) 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 221,513 43 Original payment made in FY 2014 114,482 44 difference 107,031 45 Intergovernmental transfer amount 36,465			
19   adjustment factor		annual cost of services (max CCR=1.0)	3,323,977
20       inflation       1.0573         21       adjusted annual charges       7,527,484         23       adjusted Medicaid payments for services       3,446,322         24       supplemental rate adjustment payments       0         25       total adjusted Medicaid payments       3,514,361         26       adjusted cost of services       3,514,361         27       adjusted rategory for UPL calculation       Non-State Govt.         30       basis for UPL calculation       DRG differential         31       DRG differential adjustment rate       1.12358         32       maximum annual payments (at DRG differential)       3,872,225         33       maximum annual payments       3,872,225         35       facility specific UPL amount       425,907         36       aggregate limit adjustments         31       allocation of UPL amounts < 0			
21 adjusted annual charges 7,527,484 23 adjusted Medicaid payments for services 3,446,322 24 supplemental rate adjustment payments 3,446,322 25 total adjusted Medicaid payments 3,446,322 26 adjusted cost of services 3,514,361 27 28 other UPL calculation data 29 provider category for UPL calculation Non-State Govt. 30 basis for UPL calculation DRG differential 31 DRG differential adjustment rate 1.123583 32 maximum annual payments (at DRG differential) 3,872,225 33 4 maximum annual payments facility specific UPL amount 425,907 36 aggregate limit adjustments 3,872,225 37 aggregate limit adjustments (199,300) 38 allocation of UPL amounts < 0 (5,094) 39 allocation of supplemental payments (199,300) 40 total aggregate limit adjustments (204,394) 41 UPL amount after aggregate limit adjustments (204,394) 42 UPL amount after aggregate limit adjustments - ADJUSTED 221,513 43 Original payment made in FY 2014 114,482 44 difference 107,031			
22 adjusted annual charges 7,527,484 23 adjusted Medicaid payments for services 3,446,322 24 supplemental rate adjustment payments 0 25 total adjusted Medicaid payments 3,446,322 26 adjusted cost of services 3,514,361 27 28 other UPL calculation data 29 provider category for UPL calculation Non-State Govt. 30 basis for UPL calculation DRG differential 31 DRG differential adjustment rate 1.123583 32 maximum annual payments (at DRG differential) 3,872,225 33 maximum annual payments 3,872,225 35 facility specific UPL amount 425,907 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (5,094) 39 allocation of supplemental payments (199,300) 40 total aggregate limit adjustments (204,394) 41 UPL amount after aggregate limit adjustments - ADJUSTED 221,513 43 Original payment made in FY 2014 114,482 44 difference 107,031		inflation	1.0573
adjusted Medicaid payments for services supplemental rate adjustment payments total adjusted Medicaid payments adjusted Cost of Services adjusted Cost of Services 3,514,361  27  28 other UPL calculation data 29 provider category for UPL calculation basis for UPL calculation DRG differential adjustment rate 1.123583 32 maximum annual payments (at DRG differential) 33 maximum annual payments 3,872,229 35 facility specific UPL amount 425,907 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments 42 UPL amount after aggregate limit adjustments 43 Original payment made in FY 2014 44 difference 107,031 45 Intergovernmental transfer amount  3,446,322 3,544,361 3,744,3			
24supplemental rate adjustment payments025total adjusted Medicaid payments3,446,32226adjusted cost of services3,514,36127			
total adjusted Medicaid payments adjusted cost of services 3,514,361 27 28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 3,872,225 34 maximum annual payments 3,872,225 35 facility specific UPL amount 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments 42 UPL amount after aggregate limit adjustments 43 Original payment made in FY 2014 44 difference 40 107,031 45 Intergovernmental transfer amount 43 3,846,852			3,446,322
adjusted cost of services  3,514,361 27  28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 31 maximum annual payments (at DRG differential) 32 maximum annual payments 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 425,907 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments 42 UPL amount after aggregate limit adjustments 43 Original payment made in FY 2014 44 difference 45 Intergovernmental transfer amount 46 start aggregate limit and after aggregate limit adjustments 47 aggregate limit adjustments 48 original payment made in FY 2014 49 litergovernmental transfer amount 40 total aggregate limit adjustments 41 aggregate limit adjustments 42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014 44 litergovernmental transfer amount 45 litergovernmental transfer amount			0
27   28   other UPL calculation data   29   provider category for UPL calculation   Non-State Govt.   30   basis for UPL calculation   DRG differential   DRG differential adjustment rate   1.123583			
28other UPL calculation dataNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.12358332maximum annual payments (at DRG differential)3,872,22933amaximum annual payments3,872,22935facility specific UPL amount425,90736allocation of UPL amounts < 0		adjusted cost of services	3,514,361
29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.12358332maximum annual payments (at DRG differential)3,872,2293334maximum annual payments3,872,22935facility specific UPL amount425,9073637aggregate limit adjustments(5,094)39allocation of UPL amounts < 0		ath an LIDI and sulption date	
basis for UPL calculation  DRG differential  DRG differential adjustment rate  1.123583  maximum annual payments (at DRG differential)  3,872,229  maximum annual payments  facility specific UPL amount  3,872,229  facility specific UPL amount  425,907  aggregate limit adjustments  allocation of UPL amounts < 0  (5,094)  allocation of supplemental payments  total aggregate limit adjustments  (204,394)  UPL amount after aggregate limit adjustments - ADJUSTED  221,513  Original payment made in FY 2014  difference  107,031  tintergovernmental transfer amount  36,465			Non State Cout
31DRG differential adjustment rate1.12358332maximum annual payments (at DRG differential)3,872,2293334maximum annual payments3,872,22935facility specific UPL amount425,9073637aggregate limit adjustments38allocation of UPL amounts < 0			
maximum annual payments (at DRG differential)  3,872,229  34 maximum annual payments  3,872,229  35 facility specific UPL amount  425,907  36  37 aggregate limit adjustments  38 allocation of UPL amounts < 0  (5,094)  39 allocation of supplemental payments  (199,300)  40 total aggregate limit adjustments  (204,394)  41  42 UPL amount after aggregate limit adjustments - ADJUSTED  221,513  43 Original payment made in FY 2014  44 difference  107,031  45 Intergovernmental transfer amount			
maximum annual payments 3,872,229 35 facility specific UPL amount 425,907 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (5,094) 39 allocation of supplemental payments (199,300) 40 total aggregate limit adjustments 42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014 44 difference 45 Intergovernmental transfer amount 46 Intergovernmental transfer amount	-		
34maximum annual payments3,872,22535facility specific UPL amount425,9073637aggregate limit adjustments38allocation of UPL amounts < 0		maximum annuai payments (at DNG umerentiai)	3,872,229
35facility specific UPL amount425,9073637aggregate limit adjustments38allocation of UPL amounts < 0		maximum annual nayments	2 072 220
36   37   aggregate limit adjustments   38   allocation of UPL amounts < 0   (5,094   39   allocation of supplemental payments   (199,300   40   total aggregate limit adjustments   (204,394   41   42   UPL amount after aggregate limit adjustments - ADJUSTED   221,513   43   Original payment made in FY 2014   114,482   44   difference   107,031   45   Intergovernmental transfer amount   36,465			
37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (5,094) 39 allocation of supplemental payments (199,300) 40 total aggregate limit adjustments (204,394) 41 UPL amount after aggregate limit adjustments - ADJUSTED 221,513 43 Original payment made in FY 2014 114,482 44 difference 107,031 45 Intergovernmental transfer amount 36,465		iacinty specific ore amount	425,907
38 allocation of UPL amounts < 0 (5,094) 39 allocation of supplemental payments (199,300) 40 total aggregate limit adjustments (204,394) 41  42 UPL amount after aggregate limit adjustments - ADJUSTED 221,513 43 Original payment made in FY 2014 114,482 44 difference 107,031 45 Intergovernmental transfer amount 36,465		aggregate limit adjustments	
39 allocation of supplemental payments (199,300) 40 total aggregate limit adjustments (204,394) 41  42 UPL amount after aggregate limit adjustments - ADJUSTED 221,513 43 Original payment made in FY 2014 114,482 44 difference 107,031 45 Intergovernmental transfer amount 36,465			(E 004)
40 total aggregate limit adjustments (204,394) 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 221,513 43 Original payment made in FY 2014 114,482 44 difference 107,031 45 Intergovernmental transfer amount 36,465			* * * * *
41 42 UPL amount after aggregate limit adjustments - ADJUSTED 221,513 43 Original payment made in FY 2014 114,482 44 difference 107,031 45 Intergovernmental transfer amount 36,465			
42UPL amount after aggregate limit adjustments - ADJUSTED221,51343Original payment made in FY 2014114,48244difference107,03145Intergovernmental transfer amount36,465		total aggregate illilit adjustificitis	(204,394)
43Original payment made in FY 2014114,48244difference107,03145Intergovernmental transfer amount36,465		IJPL amount after aggregate limit adjustments - ADJUSTED	221 512
44 difference107,03145 Intergovernmental transfer amount36,465			
45 Intergovernmental transfer amount 36,465			
	46	Net funds amount	70,566

	Facility Name	Cook Medical Center
	Medicaid Provider ID	000001251A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL 1	
7	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	1 100 025
	covered charges	1,169,835
	payments for services	710,481
	annual covered charges	1,169,835
13 14	annual payments for services	710,481
15	Medicare inpatient CCR	0.432
16	Wiedicare impatient CCK	0.432
17	annual cost of services (max CCR=1.0)	505,223
18	allitual cost of services (max ccn-1.0)	505,225
_	adjustment factor	
	inflation	1.0343
21	milation	1.0543
	adjusted annual charges	1,209,991
23	adjusted Medicaid payments for services	734,869
	supplemental rate adjustment payments	754,665
_	total adjusted Medicaid payments	734,869
26	adjusted cost of services	522,565
27		222,233
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	825,686
33		
34	maximum annual payments	825,686
35	facility specific UPL amount	90,817
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(1,086)
39	allocation of supplemental payments	(42,497)
40	total aggregate limit adjustments	(43,583)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	47,234
43	Original payment made in FY 2014	24,411
44	difference	22,823
45	Intergovernmental transfer amount	7,776
46	Net funds amount	15,047

	Facility Name	Crisp Regional Medical Center
1	Medicaid Provider ID	000000514A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	6,819,556
11	payments for services	3,006,247
12	annual covered charges	6,819,556
13	annual payments for services	3,006,247
14		
15	Medicare inpatient CCR	0.410
16		
17	annual cost of services (max CCR=1.0)	2,793,565
18		
19	adjustment factor	
20	inflation	1.0343
21		
22	adjusted annual charges	7,053,644
23	adjusted Medicaid payments for services	3,109,439
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,109,439
26	adjusted cost of services	2,889,457
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	3,493,713
33		
34	maximum annual payments	3,493,713
35	facility specific UPL amount	384,274
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(4,596)
39	allocation of supplemental payments	(179,818)
40	total aggregate limit adjustments	(184,414)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	199,860
43	Original payment made in FY 2014	103,291
44	difference	96,569
45	Intergovernmental transfer amount	32,901
46	Net funds amount	63,668

	Facility Name	Dekalb Medical Center
	Medicaid Provider ID	00000536A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	F2 422 027
	covered charges	53,123,937
	payments for services	20,695,683
	annual covered charges	53,123,937
13 14	annual payments for services	20,695,683
15	Medicare inpatient CCR	0.360
16	Medicare inpatient con	0.300
17	annual cost of services (max CCR=1.0)	19,118,135
18	allitual cost of services (max ccn-1.0)	19,110,155
_	adjustment factor	
	inflation	1.0343
21	imation	1.0343
	adjusted annual charges	54,947,469
23	adjusted Medicaid payments for services	21,406,083
	supplemental rate adjustment payments	21,400,603
_	total adjusted Medicaid payments	21,406,083
26	adjusted cost of services	19,774,384
27	adjusted cost of services	13,771,3801
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	24,051,514
33		
34	maximum annual payments	24,051,514
35	facility specific UPL amount	2,645,431
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(31,638)
39	allocation of supplemental payments	(1,237,911)
40	total aggregate limit adjustments	(1,269,549)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	1,375,882
43	Original payment made in FY 2014	711,081
44	difference	664,801
45	Intergovernmental transfer amount	226,498
46	Net funds amount	438,303

	Facility Name	Dekalb Medical Center - Hillandale
1	Medicaid Provider ID	000000536U
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	12,041,744
11	payments for services	4,574,455
12	annual covered charges	12,041,744
13	annual payments for services	4,574,455
14		
15	Medicare inpatient CCR	0.380
16		
17	annual cost of services (max CCR=1.0)	4,574,176
18		
19	adjustment factor	
20	inflation	1.0343
21		
22	adjusted annual charges	12,455,089
23	adjusted Medicaid payments for services	4,731,478
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,731,478
26	adjusted cost of services	4,731,189
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	5,316,209
33		
34	maximum annual payments	5,316,209
35	facility specific UPL amount	584,731
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(6,993)
39	allocation of supplemental payments	(273,621)
40	total aggregate limit adjustments	(280,614)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	304,117
43	Original payment made in FY 2014	157,173
44	difference	146,944
45	Intergovernmental transfer amount	50,064
46	Net funds amount	96,880

	Facility Name	Doctors Hospital - Columbus
1	Medicaid Provider ID	000148233A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	10.024.466
	covered charges	10,034,466
	payments for services	2,764,744
12	annual covered charges	10,034,466
13	annual payments for services	2,764,744
15	Medicare inpatient CCR	0.274
16	Medicare inpatient con	0.274
17	annual cost of services (max CCR=1.0)	2,751,837
18	allitual cost of services (max ccn-1.0)	2,/31,63/
19	adjustment factor	
20	inflation	1.0343
21	imation	1.0343
22	adjusted annual charges	10,378,909
23	adjusted Medicaid payments for services	2,859,647
24	supplemental rate adjustment payments	2,033,047
25	total adjusted Medicaid payments	2,859,647
26	adjusted cost of services	2,846,297
27	adjusted cost of services	2,3 13,23
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	3,213,051
33		
34	maximum annual payments	3,213,051
35	facility specific UPL amount	353,404
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(4,227)
39	allocation of supplemental payments	(165,373)
40	total aggregate limit adjustments	(169,600)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	183,804
43	Original payment made in FY 2014	94,993
44	difference	88,811
45	Intergovernmental transfer amount	30,258
46	Net funds amount	58,553

	Facility Name	Dodge County Hospital
1	Medicaid Provider ID	00000591A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	2,196,154
	payments for services	1,291,848
	annual covered charges	2,196,154
	annual payments for services	1,291,848
14		2.40
15	Medicare inpatient CCR	0.407
16		
17	annual cost of services (max CCR=1.0)	893,029
18		
	adjustment factor	
-	inflation	1.0573
21		
-	adjusted annual charges	2,321,941
23	adjusted Medicaid payments for services	1,365,840
	supplemental rate adjustment payments	0
-	total adjusted Medicaid payments	1,365,840
26	adjusted cost of services	944,178
27		
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,534,635
33		
-	maximum annual payments	1,534,635
35	facility specific UPL amount	168,795
36		
37	aggregate limit adjustments	(0.0.0)
38	allocation of UPL amounts < 0	(2,019)
	allocation of supplemental payments	(78,986)
	total aggregate limit adjustments	(81,005)
41	LIDI annount often agreement limit with the company	
42	UPL amount after aggregate limit adjustments - ADJUSTED	87,790
43	Original payment made in FY 2014	45,371
44	difference	42,419
	Intergovernmental transfer amount	14,452
46	Net funds amount	27,967

	Facility Name	Elbert Memorial Hospital
1	Medicaid Provider ID	00000668A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL 1. (4. )	
7	CAH status (1 = yes)	0
8	And disable to a street deline and determined to the control of	
9	Medicaid inpatient claims paid at amount > 0:	720.040
	covered charges	728,818
	payments for services	397,434
12	annual covered charges	728,818
13	annual payments for services	397,434
14	Madicare innationt CCD	0.455
15 16	Medicare inpatient CCR	0.455
	annual cost of comises (may CCD-1.0)	221 445
17 18	annual cost of services (max CCR=1.0)	331,415
19	adjustment factor	
20	inflation	1 0242
21	IIIIation	1.0343
22	adjusted annual charges	753,835
23	adjusted Medicaid payments for services	411,076
24	supplemental rate adjustment payments	411,070
25	total adjusted Medicaid payments	411,076
26	adjusted cost of services	342,791
27	aujusted cost of services	342,791
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	461,878
33	(	
34	maximum annual payments	461,878
35	facility specific UPL amount	50,802
36	, .p	33,002
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(608)
39	allocation of supplemental payments	(23,772)
40	total aggregate limit adjustments	(24,380)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	26,422
43	Original payment made in FY 2014	13,655
44	difference	12,767
45	Intergovernmental transfer amount	4,350
46	Net funds amount	8,417

-	Facility Name	Emanuel Medical Center
-	Medicaid Provider ID	00000701A
	base period report period beginning date	07/01/11
3 I	base period report period ending date	06/30/12
4		
-	adjustment factor (if period not equal to 1 year)	1.0000
6		
<del></del>	CAH status (1 = yes)	0
8	NA - disaid in a - tis at alsins a acid at an acust. O	
<del></del>	Medicaid inpatient claims paid at amount > 0:	2.004.004
	covered charges	2,084,884
	payments for services	986,205
	annual covered charges	2,084,884
<b></b>	annual payments for services	986,205
14	Madiana inationt CCD	0.426
<del></del>	Medicare inpatient CCR	0.436
16	annual and of annian (may CCD 4.0)	000.070
	annual cost of services (max CCR=1.0)	908,879
18	adivetus aut factau	
	adjustment factor	4.0242
	inflation	1.0343
21	adivated annual aboves	2.456.450
	adjusted annual charges	2,156,450
	adjusted Medicaid payments for services	1,020,057
<b></b>	supplemental rate adjustment payments	1 020 057
	total adjusted Medicaid payments	1,020,057
26 a	adjusted cost of services	940,077
-	other LIDI calculation data	
<del></del>	other UPL calculation data	Non State Cout
	provider category for UPL calculation basis for UPL calculation	Non-State Govt.  DRG differential
	DRG differential adjustment rate	1.123583
	maximum annual payments (at DRG differential)	1,146,119
33	maximum annual payments (at DNG unferential)	1,140,113
<del> </del>	maximum annual payments	1,146,119
	facility specific UPL amount	126,062
36	reality specific of Europaint	120,002
	aggregate limit adjustments	
H	allocation of UPL amounts < 0	(1,508)
	allocation of supplemental payments	(58,990)
	total aggregate limit adjustments	(60,498)
41		(55,455)
	UPL amount after aggregate limit adjustments - ADJUSTED	65,564
-	Original payment made in FY 2014	33,885
	difference	31,679
-	Intergovernmental transfer amount	10,793
	Net funds amount	20,886

3 base period report period ending date 09/30/1 4 4 5 adjustment factor (if period not equal to 1 year) 1.000 6 6 7 CAH status (1 = yes) 1.000 8 8 8 8 9 Medicaid inpatient claims paid at amount ≥ 0: 1.000 10 covered charges 6,688,39 1.1 payments for services 2,311,89 1.2 annual covered charges 6,688,39 1.3 annual payments for services 2,311,89 1.4 1.5 Medicare inpatient CCR 0.36 1.6 1.6 1.7 annual payments for services (max CCR=1.0) 2,436,06 1.8 1.9 adjustment factor 1.057 1.9 adjusted annual charges 2.3 adjusted Medicaid payments for services 7,071,48 2.3 adjusted Medicaid payments for services 2.444,31 2.4 supplemental rate adjustment payments 1.057 2.7 2.8 adjusted Medicaid payments (adjusted annual charges 2.575,59 2.7 2.8 adjusted cost of services 2.575,59 2.7 2.8 adjusted Cost of services 2.575,59 2.575,59 2.575,59 3.575,			
1 Medicaid Provider ID 2 base period report period beginning date 3 base period report period ending date 4			
2 base period report period beginning date 09/30/1  3 base period report period ending date 09/30/1  4 d  5 adjustment factor (if period not equal to 1 year) 1.000  6 CAH status (1 = yes) 7  8 CAH status (1 = yes) 8  9 Medicaid inpatient claims paid at amount ≥ 0: 10 covered charges 6,688,39 13 payments for services 12,311,89 13 annual payments for services 12,311,89 14 15 Medicare inpatient CCR 1.01 2,436,06 15 16 17 annual cost of services (max CCR=1.0) 2,436,06 17 annual cost of services (max CCR=1.0) 1.057 12 1 14 15 16 16 17 annual charges 1.057 16 17 annual charges 1.057 17 18 18 18 18 18 18 18 18 18 18 18 18 18		Facility Name	Erlanger at Hutcheson
3 base period report period ending date 09/30/1 4 4 5 adjustment factor (if period not equal to 1 year) 1.000 6 6 7 CAH status (1 = yes) 1.000 8 8 8 8 9 9 Medicaid inpatient claims paid at amount ≥ 0: 1.000 10 covered charges 1.000 1	1		
adjustment factor (if period not equal to 1 year)  5 adjustment factor (if period not equal to 1 year)  6 7 CAH status (1 = yes)  8 8 9 Medicaid inpatient claims paid at amount > 0:  10 covered charges 6,688,39 11 payments for services 2,311,89 12 annual covered charges 6,688,39 13 annual payments for services 12,311,89 14 15 Medicare inpatient CCR 0.36 16 17 annual cost of services (max CCR=1.0) 2,436,06 18 19 adjustment factor inflation 1.057 18 19 adjusted Amount of the services 2,444,31 22 adjusted Amount of the services 3 2,444,31 23 adjusted Medicaid payments for services 3 2,444,31 24 supplemental rate adjustment payments 5 2,444,31 25 adjusted Cost of services 2,575,59 27 28 other UPL calculation data 2 2 provider category for UPL calculation DRG differential 31 DRG differential adjustment rate 1.12358 2 2 2,746,38 32 maximum annual payments 4 1.2358 2 2,746,38 33 amaximum annual payments 4 2,746,38 34 maximum annual payments 4 2,746,38 35 facility specific UPL amount 302,076 36 37 aggregate limit adjustments 3 3 allocation of UPL amounts < 0 3 3 allocation of UPL amounts < 1 414,354 44 UPL amount after aggregate limit adjustments < 1,214,356 45 Intergovernmental transfer amount 25,866	2		10/01/10
1,000	3	base period report period ending date	09/30/11
CAH status (1 = yes)	4		
7 CAH status (1 = yes)       6         8 Medicaid inpatient claims paid at amount > 0:       6,688,39         10 covered charges       6,688,39         11 payments for services       2,311,89         12 annual covered charges       6,688,39         13 annual payments for services       2,311,89         16       0.36         17 annual cost of services (max CCR=1.0)       2,436,06         18       3         19 adjustment factor       1057         20 inflation       1.057         21 adjusted Medicaid payments for services       2,444,31         23 adjusted Medicaid payments for services       2,444,31         24 supplemental rate adjustment payments       2,444,31         25 total adjusted Medicaid payments       2,444,31         26 adjusted Ocst of services       2,575,59         27       27         28 other UPL calculation data       Non-State Govt.         29 provider category for UPL calculation       Non-State Govt.         30 basis for UPL calculation       PRG differential         31 DRG differential adjustment rate       1.12358         32 maximum annual payments (at DRG differential)       2,746,38         33 facility specific UPL amount       30,2,76         34 maximum annual payment		adjustment factor (if period not equal to 1 year)	1.0000
8     Medicaid inpatient claims paid at amount > 0:       10     covered charges     6,688,39       11     payments for services     2,311,89       12     annual covered charges     6,688,39       13     annual payments for services     2,311,89       15     Medicare inpatient CCR     0.36       16     17     annual cost of services (max CCR=1.0)     2,436,06       18     3     adjustment factor       19     adjusted annual charges     7,071,48       20     inflation     1.057       21     adjusted Medicaid payments for services     2,444,31       23     adjusted Medicaid payments     2,444,31       24     supplemental rate adjustment payments     2,444,31       25     total adjusted Medicaid payments     2,444,31       26     adjusted cost of services     2,575,59       27     28     other UPL calculation data       29     provider category for UPL calculation     Non-State Govt.       30     basis for UPL calculation     DRG differential       31     DRG differential adjustment rate     1.12358       32     maximum annual payments (at DRG differential)     2,746,38       33     amaximum annual payments     2,446,31       36     allocation of UPL amounts < 0 </td <td></td> <td></td> <td></td>			
9 Medicaid inpatient claims paid at amount > 0:     6,688,39       10 covered charges     6,688,39       11 payments for services     2,311,89       12 annual payments for services     2,311,89       14 mount of feet annual payments for services     0.36       16 mount of services (max CCR=1.0)     2,436,06       17 annual cost of services (max CCR=1.0)     2,436,06       18 dijustment factor     inflation     1.057       2 adjusted Amoual charges     7,071,48       2 adjusted Medicaid payments for services     2,444,31       2 adjusted Medicaid payments     2,444,31       2 adjusted Medicaid payments     2,575,59       2 adjusted cost of services     2,575,59       3 other UPL calculation data     70       3 object of UPL calculation     Non-State Govt.       3 basis for UPL calculation     Non-State Govt.       3 basis for UPL calculation     Non-State Govt.       3 maximum annual payments (at DRG differential)     2,746,38       3 maximum annual payments     2,746,38       3 agregate limit adjustments     1,12358       4 countries (all payments)     1,12358       4 countries (all payments)     1,244,31 <td></td> <td>CAH status (1 = yes)</td> <td>0</td>		CAH status (1 = yes)	0
10         covered charges         6,688,39           11         payments for services         2,311,89           13         annual covered charges         6,688,39           14         4           15         Medicare inpatient CCR         0.36           16         3           17         annual cost of services (max CCR=1.0)         2,436,06           18         4           19         adjustement factor           20         inflation         1.057           21         adjusted mulal charges         7,071,48           23         adjusted Medicaid payments for services         2,444,31           24         supplemental rate adjustment payments         2,444,31           25         total adjusted Medicaid payments         2,444,31           26         adjusted cost of services         2,575,59           27         27           28         other UPL calculation data         7           29         provider category for UPL calculation         Non-State Govt.           30         basis for UPL calculation         DRG differential           31         DRG differential adjustment rate         1,12358           32         maximum annual payments (at DRG differential) <td></td> <td></td> <td></td>			
11         payments for services         2,311,89           12         annual covered charges         6,688,39           13         annual payments for services         2,311,89           14         4           15         Medicare inpatient CCR         0.36           16			
annual covered charges 6,688,39 annual payments for services 2,311,89  Medicare inpatient CCR 0.36  Medicare inpatient CCR 0.36  annual cost of services (max CCR=1.0) 2,436,06  inflation 1.057  adjustment factor inflation 1.057  adjusted Amnual charges 7,071,48 adjusted Medicaid payments for services 2,444,31 supplemental rate adjustment payments 2,444,31 adjusted Cost of services 2,575,59  adjusted cost of services 2,575,59  cother UPL calculation data provider category for UPL calculation DRG differential DRG differential adjustment rate maximum annual payments (at DRG differential) 2,746,38  and maximum annual payments 2,746,38 and maximum annual payments 3 and maximum annual payments 3 and maximum annual payments 4 and Category for UPL amount 302,076 and Category for UPL	-	-	
annual payments for services  2,311,89  Medicare inpatient CCR  3,316,06  annual cost of services (max CCR=1.0)  2,436,06  adjustment factor  inflation  1,057  adjusted annual charges  3djusted Medicaid payments for services  2,444,31  adjusted Medicaid payments  25 total adjusted Medicaid payments  30 adjusted Cost of services  2,575,59  27  28 other UPL calculation data  provider category for UPL calculation  DRG differential adjustment rate  maximum annual payments (at DRG differential)  DRG differential adjustment services  30 aggregate limit adjustments  40 aggregate limit adjustments  41 uPL amount after aggregate limit adjustments  42 UPL amount after aggregate limit adjustments  43 Original payment made in FY 2014  difference  75,912  45 Intergovernmental transfer amount  2,336,06  1,3613  3,197  3,576  3,613  3,613  3,613  3,613  3,613  3,613  3,613  3,613  3,613  3,613  3,613  3,613  3,613  4,614  4,967			
14         Medicare inpatient CCR         0.36           16         0.36           17         annual cost of services (max CCR=1.0)         2,436,06           18         3djustment factor           20         inflation         1.057           21         adjusted annual charges         7,071,48           23         adjusted Medicaid payments for services         2,444,31           24         supplemental rate adjustment payments         2           25         total adjusted Medicaid payments         2,444,31           26         adjusted cost of services         2,575,59           27         other UPL calculation data         7           29         provider category for UPL calculation         Non-State Govt.           30         basis for UPL calculation         DRG differential           31         DRG differential adjustment rate         1.12358           32         maximum annual payments (at DRG differential)         2,746,38           33         maximum annual payments         2,746,38           35         facility specific UPL amount         302,076           36         aggregate limit adjustments         (141,354           40         total aggregate limit adjustments         (141,354 <t< td=""><td></td><td></td><td></td></t<>			
Medicare inpatient CCR		annual payments for services	2,311,896
16         annual cost of services (max CCR=1.0)         2,436,06           18         adjustment factor           20         inflation         1.057           21         adjusted annual charges         7,071,48           23         adjusted Medicaid payments for services         2,444,31           24         supplemental rate adjustment payments         2,444,31           25         total adjusted Medicaid payments         2,575,59           27         adjusted cost of services         2,575,59           28         other UPL calculation data         non-State Govt.           30         basis for UPL calculation         Non-State Govt.           31         DRG differential adjustment rate         1.12358           32         maximum annual payments (at DRG differential)         2,746,38           33         maximum annual payments         2,746,38           34         maximum annual payments         2,746,38           35         facility specific UPL amount         302,076           36         aggregate limit adjustments         (141,354           40         total aggregate limit adjustments         (141,354           40         total aggregate limit adjustments         (144,967           41         UPL amount a	-		225
17         annual cost of services (max CCR=1.0)         2,436,06           18         adjustment factor           20         inflation         1.057           21         adjusted annual charges         7,071,48           23         adjusted Medicaid payments for services         2,444,31           24         supplemental rate adjustment payments         2,444,31           25         total adjusted Medicaid payments         2,444,31           26         adjusted cost of services         2,575,59           27         adjusted cost of services         2,575,59           27         ather UPL calculation data         Non-State Govt.           30         basis for UPL calculation         DRG differential           31         DRG differential adjustment rate         1.12358           32         maximum annual payments (at DRG differential)         2,746,38           33         amaximum annual payments         2,746,38           35         facility specific UPL amount         302,076           36         aggregate limit adjustments         (141,354           40         total aggregate limit adjustments         (144,967           41         UPL amount after aggregate limit adjustments - ADJUSTED         157,109           43		Medicare inpatient CCR	0.364
18         adjustment factor           20         inflation         1.057.           21         adjusted annual charges         7,071,48           23         adjusted Medicaid payments for services         2,444,31           24         supplemental rate adjustment payments         2,444,31           25         total adjusted Medicaid payments         2,575,59           27         adjusted cost of services         2,575,59           27         bather UPL calculation data         Non-State Govt.           30         basis for UPL calculation         DRG differential           31         DRG differential adjustment rate         1.12358           32         maximum annual payments (at DRG differential)         2,746,38           33         amaximum annual payments         2,746,38           35         facility specific UPL amount         302,076           36         aggregate limit adjustments         (3,613           37         aggregate limit adjustments         (141,354           40         total aggregate limit adjustments         (144,967           41         UPL amount after aggregate limit adjustments - ADJUSTED         157,103           43         Original payment made in FY 2014         81,197           45			2 425 252
19   adjustment factor   1.057.   20   inflation   1.057.   21   22   adjusted annual charges   7,071,48   23   adjusted Medicaid payments for services   2,444,31   24   supplemental rate adjustment payments   2,444,31   25   total adjusted Medicaid payments   2,444,31   26   adjusted cost of services   2,575,59   27   28   total adjusted cost of services   2,575,59   28   29   provider category for UPL calculation   Non-State Govt.   29   provider category for UPL calculation   DRG differential   1.12358   32   maximum annual payments (at DRG differential)   2,746,38   33   34   maximum annual payments (at DRG differential)   2,746,38   35   facility specific UPL amount   302,076   36   37   aggregate limit adjustments   31   allocation of UPL amounts < 0   (3,613   39   allocation of UPL amounts < 0   (3,613   39   allocation of Supplemental payments   (141,354   40   41   42   UPL amount after aggregate limit adjustments   (144,967   41   42   UPL amount after aggregate limit adjustments - ADJUSTED   157,109   43   Original payment made in FY 2014   81,197   44   difference   75,912   45   Intergovernmental transfer amount   25,86   36   37   37   37   37   37   37   3	-	annual cost of services (max CCR=1.0)	2,436,062
20 inflation 1.057. 21 22 adjusted annual charges 7,071,48 23 adjusted Medicaid payments for services 2,444,31 24 supplemental rate adjustment payments  2,444,31 25 total adjusted Medicaid payments  2,444,31 26 adjusted cost of services 2,575,59 27 28 other UPL calculation data 29 provider category for UPL calculation Non-State Govt. 30 basis for UPL calculation DRG differential 31 DRG differential adjustment rate 1.12358 32 maximum annual payments (at DRG differential) 2,746,38: 33 maximum annual payments 2,746,38: 35 facility specific UPL amount 302,076 36 aggregate limit adjustments 31 allocation of UPL amounts < 0 (3,613 39 allocation of UPL amounts < 0 (3,613 39 allocation of supplemental payments (141,354 40 total aggregate limit adjustments (144,967 41 UPL amount after aggregate limit adjustments - ADJUSTED 157,109 43 Original payment made in FY 2014 44 difference 75,912 45 Intergovernmental transfer amount 25,860			
21 adjusted annual charges 7,071,48 23 adjusted Medicaid payments for services 2,444,31 24 supplemental rate adjustment payments 2,444,31 25 total adjusted Medicaid payments 2,444,31 26 adjusted cost of services 2,575,599 27 28 other UPL calculation data 29 provider category for UPL calculation Non-State Govt. 30 basis for UPL calculation DRG differential 31 DRG differential adjustment rate 1.12358 32 maximum annual payments (at DRG differential) 2,746,38: 33 maximum annual payments 302,076 36 facility specific UPL amount 302,076 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (3,613 39 allocation of supplemental payments (141,354 40 total aggregate limit adjustments (144,967 41 UPL amount after aggregate limit adjustments (144,967 42 UPL amount after aggregate limit adjustments (157,109 43 Original payment made in FY 2014 (31,97) 44 difference 75,912 45 Intergovernmental transfer amount	_		1.0550
22 adjusted annual charges 7,071,48 23 adjusted Medicaid payments for services 2,444,31 24 supplemental rate adjustment payments 25 total adjusted Medicaid payments 2,444,31 26 adjusted Cost of services 2,575,59 27 28 other UPL calculation data 29 provider category for UPL calculation Non-State Govt. 30 basis for UPL calculation DRG differential DRG differential adjustment rate 1.12358 32 maximum annual payments (at DRG differential) 2,746,38: 33 maximum annual payments 2,746,38: 35 facility specific UPL amount 302,076 36 aggregate limit adjustments 31 allocation of UPL amounts < 0 (3,613 32 allocation of Supplemental payments (141,354) 40 total aggregate limit adjustments (144,967) 41 UPL amount after aggregate limit adjustments - ADJUSTED 157,109 43 Original payment made in FY 2014 81,197 44 difference 75,912 45 Intergovernmental transfer amount 25,86		Inflation	1.05/3
adjusted Medicaid payments for services  2,444,31  24 supplemental rate adjustment payments  total adjusted Medicaid payments  2,444,31  26 adjusted cost of services  2,575,59  27  28 other UPL calculation data  29 provider category for UPL calculation  basis for UPL calculation  DRG differential  DRG differential adjustment rate  1.12358  maximum annual payments (at DRG differential)  2,746,38  33  4 maximum annual payments  facility specific UPL amount  302,076  36  37 aggregate limit adjustments  allocation of UPL amounts < 0  (3,613  39 allocation of Supplemental payments  40 total aggregate limit adjustments  41  42 UPL amount after aggregate limit adjustments  43 Original payment made in FY 2014  44 difference  75,912  45 Intergovernmental transfer amount			7.074.402
supplemental rate adjustment payments  total adjusted Medicaid payments  adjusted cost of services  2,575,591  27  28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 36 aggregate limit adjustments 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments 42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014 44 difference 45 lntergovernmental transfer amount 5 2,744,381 5 2,746,381 6 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		-	
total adjusted Medicaid payments 2,444,31 26 adjusted cost of services 2,575,59 27 28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 36 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014 44 difference 45 Intergovernmental transfer amount 5 2,746,38 5 (3,613) 6 (3,613) 6 (3,613) 6 (3,613) 6 (3,613) 7 (3,613) 7 (3,613) 7 (3,613) 8 (3,613) 9 (3,	-		2,444,312
adjusted cost of services  2,575,599  27  28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 36 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments 42 UPL amount after aggregate limit adjustments 43 Original payment made in FY 2014 44 difference 45 Intergovernmental transfer amount 25,86			2 444 242
27   28			
28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 36 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments 42 UPL amount after aggregate limit adjustments 43 Original payment made in FY 2014 44 difference 45 Intergovernmental transfer amount 5 Non-State Govt.  1.12358		adjusted cost of services	2,575,590
29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.12358.32maximum annual payments (at DRG differential)2,746,38.3334maximum annual payments2,746,38.35facility specific UPL amount302,076.3637aggregate limit adjustments38allocation of UPL amounts < 0		akkan UDI salaulatian data	
basis for UPL calculation  DRG differential adjustment rate  1.12358.  maximum annual payments (at DRG differential)  maximum annual payments  facility specific UPL amount  facility specific UPL amount  aggregate limit adjustments  allocation of UPL amounts < 0  total aggregate limit adjustments  UPL amount after aggregate limit adjustments  UPL amount after aggregate limit adjustments - ADJUSTED  Original payment made in FY 2014  difference  75,912  Intergovernmental transfer amount  DRG differential  1.12358.			Non State Cost
31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 36 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014 44 difference 45 Intergovernmental transfer amount 5 2,746,38 5 2,746,38 6 3,746,38 7 302,076 7 302,			
maximum annual payments (at DRG differential)  2,746,383  34 maximum annual payments  2,746,383  35 facility specific UPL amount  302,076  36  37 aggregate limit adjustments  38 allocation of UPL amounts < 0  (3,613  39 allocation of supplemental payments  (141,354  40 total aggregate limit adjustments  (144,967  41  42 UPL amount after aggregate limit adjustments - ADJUSTED  43 Original payment made in FY 2014  44 difference  75,912  45 Intergovernmental transfer amount  2,746,383  2,746,383  2,746,383			
33 maximum annual payments 2,746,386 35 facility specific UPL amount 302,076 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (3,613 39 allocation of supplemental payments (141,354) 40 total aggregate limit adjustments (144,967) 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 157,109 43 Original payment made in FY 2014 81,197 44 difference 75,912 45 Intergovernmental transfer amount 25,866	-		
34maximum annual payments2,746,3835facility specific UPL amount302,0763637aggregate limit adjustments38allocation of UPL amounts < 0	-	maximum annuai payments (at DRG dinerential)	2,740,388
35 facility specific UPL amount 302,076 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (3,613 39 allocation of supplemental payments (141,354 40 total aggregate limit adjustments (144,967 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 157,109 43 Original payment made in FY 2014 81,197 44 difference 75,912 45 Intergovernmental transfer amount 25,866	-	maximum annual nayments	2.746.200
36   37   aggregate limit adjustments   38   allocation of UPL amounts < 0   (3,613   39   allocation of supplemental payments   (141,354   40   total aggregate limit adjustments   (144,967   41   42   UPL amount after aggregate limit adjustments - ADJUSTED   157,109   43   Original payment made in FY 2014   81,197   44   difference   75,912   45   Intergovernmental transfer amount   25,866			
37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (3,613) 39 allocation of supplemental payments (141,354) 40 total aggregate limit adjustments (144,967) 41 UPL amount after aggregate limit adjustments - ADJUSTED 157,109 43 Original payment made in FY 2014 81,197 44 difference 75,912 45 Intergovernmental transfer amount 25,866	-	racinty specific OPE amount	302,076
38 allocation of UPL amounts < 0 (3,613 39 allocation of supplemental payments (141,354 40 total aggregate limit adjustments (144,967 41  42 UPL amount after aggregate limit adjustments - ADJUSTED 157,109 43 Original payment made in FY 2014 81,197 44 difference 75,912 45 Intergovernmental transfer amount 25,86		aggregate limit adjustments	
39 allocation of supplemental payments (141,354) 40 total aggregate limit adjustments (144,967) 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 157,109 43 Original payment made in FY 2014 81,197 44 difference 75,912 45 Intergovernmental transfer amount 25,866			(2.612)
40 total aggregate limit adjustments (144,967 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 157,109 43 Original payment made in FY 2014 81,197 44 difference 75,912 45 Intergovernmental transfer amount 25,86			
41 42 UPL amount after aggregate limit adjustments - ADJUSTED 157,109 43 Original payment made in FY 2014 81,197 44 difference 75,912 45 Intergovernmental transfer amount 25,86			
42UPL amount after aggregate limit adjustments - ADJUSTED157,10943Original payment made in FY 201481,19744difference75,91245Intergovernmental transfer amount25,86	-	total aggregate illilit adjustificitis	(144,907)
43Original payment made in FY 201481,19744difference75,91245Intergovernmental transfer amount25,86		IJPL amount after aggregate limit adjustments - ADJUSTED	157 100
44 difference75,91245 Intergovernmental transfer amount25,86			
45 Intergovernmental transfer amount 25,86.			
1 Mar 1985 1990 1990 1990 1990 1990 1990 1990 199	46	Net funds amount	50,049

	Facility Name	Evans Memorial Hospital
1	Medicaid Provider ID	00000734A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	1 255 610
	covered charges	1,255,610
	payments for services	471,289
	annual covered charges	1,255,610
13 14	annual payments for services	471,289
15	Medicare inpatient CCR	0.348
16	Medicare inpatient con	0.348
17	annual cost of services (max CCR=1.0)	436,812
18	allitual cost of services (max ccn-1.0)	430,612
_	adjustment factor	
	inflation	1.0573
21	imation	1.0373
	adjusted annual charges	1,327,526
23	adjusted Medicaid payments for services	498,283
_	supplemental rate adjustment payments	90,203
_	total adjusted Medicaid payments	498,283
26	adjusted cost of services	461,831
27	adjusted cost of services	101,031
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	559,862
33	, , , , , , , , , , , , , , , , , , , ,	·
34	maximum annual payments	559,862
35	facility specific UPL amount	61,579
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(736)
39	allocation of supplemental payments	(28,816)
40	total aggregate limit adjustments	(29,552)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	32,027
43	Original payment made in FY 2014	16,552
44	difference	15,475
45	Intergovernmental transfer amount	5,272
46	Net funds amount	10,203

	Facility Name	Floyd Medical Center
	Medicaid Provider ID	00000756A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL 1	
7	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	47.707.207
	covered charges	47,797,367
	payments for services	13,300,752
	annual covered charges	47,797,367
13 14	annual payments for services	13,300,752
15	Medicare inpatient CCR	0.313
16	Wiedicare impatient CCN	0.313
17	annual cost of services (max CCR=1.0)	14,964,386
18	allitual cost of services (max ccn-1.0)	14,904,580
_	adjustment factor	
	inflation	1.0343
21	maton	1.0343
	adjusted annual charges	49,438,059
23	adjusted Medicaid payments for services	13,757,314
	supplemental rate adjustment payments	1,321,099
_	total adjusted Medicaid payments	15,078,413
26	adjusted cost of services	15,478,054
27		-, -,
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	15,457,486
33		
34	maximum annual payments	15,457,486
35	facility specific UPL amount	379,073
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(20,333)
39	allocation of supplemental payments	525,515
40	total aggregate limit adjustments	505,182
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	884,255
43	Original payment made in FY 2014	457,000
44	difference	427,255
45	Intergovernmental transfer amount	145,566
46	Net funds amount	281,689

	Facility Name	Grady General Hospital
	Medicaid Provider ID	00000844A
	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	0
8	Andiesid investigated sizes as idea as south of	
	Medicaid inpatient claims paid at amount > 0:	4 700 007
	covered charges	1,782,907
	payments for services	873,514
	annual covered charges	1,782,907
	annual payments for services	873,514
14	Madicare innationt CCD	0.420
	Medicare inpatient CCR	0.429
16	annual and aforming (man CCD 4.0)	764.206
	annual cost of services (max CCR=1.0)	764,396
18	a divistas ant factor	
	adjustment factor	1.0572
	inflation	1.0573
21	a divete de annual element	1 005 025
	adjusted annual charges	1,885,025
	adjusted Medicaid payments for services	923,545
	supplemental rate adjustment payments	022.545
	total adjusted Medicaid payments	923,545
26 27	adjusted cost of services	808,178
	other LIDL calculation data	
	other UPL calculation data	Non State Cout
	provider category for UPL calculation basis for UPL calculation	Non-State Govt.  DRG differential
	DRG differential adjustment rate	1.123583
	maximum annual payments (at DRG differential)	1,037,680
33	maximum annual payments (at DNG unrelential)	1,037,080
	maximum annual payments	1,037,680
	facility specific UPL amount	114,135
36	admits appeared of Edinount	117,133
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(1,365)
	allocation of supplemental payments	(53,409)
	total aggregate limit adjustments	(54,774)
41	22-22-200-00000 00,000	(34,774)
	UPL amount after aggregate limit adjustments - ADJUSTED	59,361
	Original payment made in FY 2014	30,679
	difference	28,682
	Intergovernmental transfer amount	9,772
	Net funds amount	18,910

	Facility Name	Grady Memorial Hospital
1	Medicaid Provider ID	000000855A
	base period report period beginning date	01/01/11
	base period report period ending date	12/31/11
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	0
8		
-	Medicaid inpatient claims paid at amount > 0:	
	covered charges	287,264,627
	payments for services	97,652,784
	annual covered charges	287,264,627
	annual payments for services	97,652,784
14		
	Medicare inpatient CCR	0.260
16		
<b>—</b>	annual cost of services (max CCR=1.0)	74,809,097
18		
	adjustment factor	
	inflation	1.0438
21		
<b>_</b>	adjusted annual charges	299,849,690
_	adjusted Medicaid payments for services	101,930,952
	supplemental rate adjustment payments	14,592,086
	total adjusted Medicaid payments	116,523,038
	adjusted cost of services	78,086,484
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
<b>—</b>	DRG differential adjustment rate	1.123583
	maximum annual payments (at DRG differential)	114,527,899
33		
	maximum annual payments	114,527,899
	facility specific UPL amount	(1,995,139)
36	annonata limita adirratus sets	
	aggregate limit adjustments	(450,050)
	allocation of UPL amounts < 0	(150,652)
_	allocation of supplemental payments	8,697,432
	total aggregate limit adjustments	8,546,780
41	LIDI amount often aggreents limit adjustments. ADJUSTED	0 == 0 == 0
	UPL amount after aggregate limit adjustments - ADJUSTED	6,551,641
	Original payment made in FY 2014	3,386,010
	difference	3,165,631
	Intergovernmental transfer amount	1,078,531
46	Net funds amount	2,087,100

	Facility Name	Gwinnett Medical Center - Duluth
1	Medicaid Provider ID	000001064A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL 1. (4. )	
7	CAH status (1 = yes)	0
8	Madissid in actions ships said at any such Co.	
9	Medicaid inpatient claims paid at amount > 0:	0.010.671
	covered charges	9,910,671
	payments for services	4,070,426
12	annual covered charges	9,910,671
13	annual payments for services	4,070,426
14 15	Medicare inpatient CCR	0.381
16	Medicare inpatient CCK	0.381
	annual cost of comises (may CCD-1.0)	2 780 020
17 18	annual cost of services (max CCR=1.0)	3,780,920
19	adjustment factor	
20	inflation	1.0343
21	IIIIation	1.0545
22	adjusted annual charges	10,250,865
23	adjusted Medicaid payments for services	4,210,147
24	supplemental rate adjustment payments	4,210,147
25	total adjusted Medicaid payments	4,210,147
26	adjusted cost of services	3,910,704
27	aujusted cost of services	3,510,704
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,730,450
33	mannan amaa paymene (at 2110 ame entary)	.,,,,,,,,,
34	maximum annual payments	4,730,450
35	facility specific UPL amount	520,303
36	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(6,223)
39	allocation of supplemental payments	(243,472)
40	total aggregate limit adjustments	(249,695)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	270,608
43	Original payment made in FY 2014	139,855
44	difference	130,753
45	Intergovernmental transfer amount	44,548
46	Net funds amount	86,205

		Gwinnett Medical Center -
	Facility Name	Lawrenceville
1	Medicaid Provider ID	00000294A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
_	covered charges	51,094,261
	payments for services	20,918,279
	annual covered charges	51,094,261
	annual payments for services	20,918,279
14 15	Medicare inpatient CCR	0.381
16	Medicare impatient CCK	0.381
	annual cost of comises (may CCD-1.0)	10 402 454
17 18	annual cost of services (max CCR=1.0)	19,492,454
	adjustment factor	
-	inflation	1.0343
21	IIIIation	1.0545
	adjusted annual charges	52,848,123
23	adjusted Medicaid payments for services	21,636,320
	supplemental rate adjustment payments	21,030,320
-	total adjusted Medicaid payments	21,636,320
26	adjusted cost of services	20,161,552
27	adjusted cost of services	20,101,332
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	24,310,204
33	,	
34	maximum annual payments	24,310,204
35	facility specific UPL amount	2,673,884
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(31,978)
39	allocation of supplemental payments	(1,251,225)
40	total aggregate limit adjustments	(1,283,203)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	1,390,681
43	Original payment made in FY 2014	718,730
44	difference	671,951
45	Intergovernmental transfer amount	228,934
46	Net funds amount	443,017

	Facility Name	Habersham Medical Center
	Medicaid Provider ID	000000877A
	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
	Medicaid inpatient claims paid at amount > 0:	2 225 047
	covered charges	2,335,047
	payments for services	1,280,943
	annual covered charges	2,335,047
13 14	annual payments for services	1,280,943
	Medicare inpatient CCR	0.479
16	Medicare inpatient con	0.479
_	annual cost of services (max CCR=1.0)	1 110 272
18	allitual cost of services (max ccn-1.0)	1,118,272
_	adjustment factor	
	inflation	1.0343
21		1.0343
	adjusted annual charges	2,415,200
$\overline{}$	adjusted Medicaid payments for services	1,324,913
$\vdash$	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	1,324,913
$\vdash$	adjusted cost of services	1,156,658
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
	maximum annual payments (at DRG differential)	1,488,650
33		
34	maximum annual payments	1,488,650
	facility specific UPL amount	163,737
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(1,958)
39	allocation of supplemental payments	(76,620)
40	total aggregate limit adjustments	(78,578)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	85,159
43	Original payment made in FY 2014	44,012
44	difference	41,147
45	Intergovernmental transfer amount	14,019
46	Net funds amount	27,128

	Facility Name	Houston Medical Center
	Medicaid Provider ID	00000976A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	17,538,989
	payments for services	6,858,061
	annual covered charges	17,538,989
	annual payments for services	6,858,061
14		
15	Medicare inpatient CCR	0.398
16		
17	annual cost of services (max CCR=1.0)	6,986,474
18		
	adjustment factor	
	inflation	1.0438
21		
-	adjusted annual charges	18,307,372
23	adjusted Medicaid payments for services	7,158,513
	supplemental rate adjustment payments	485,924
	total adjusted Medicaid payments	7,644,437
26	adjusted cost of services	7,292,551
27		
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	8,043,185
33		
34	maximum annual payments	8,043,185
35	facility specific UPL amount	398,748
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(10,580)
	allocation of supplemental payments	71,948
	total aggregate limit adjustments	61,368
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	460,116
43	Original payment made in FY 2014	237,796
44	difference	222,320
	Intergovernmental transfer amount	75,744
46	Net funds amount	146,576

	Facility Name	Hughston Hospital Inc.
1	Medicaid Provider ID	000315642A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8	Mandianid in antique alaines and at any such to O	
9	Medicaid inpatient claims paid at amount > 0:	1,007,540
	covered charges	1,887,510
	payments for services	501,504
	annual covered charges	1,887,510
	annual payments for services	501,504
14 15	Madicare innationt CCP	0.358
16	Medicare inpatient CCR	0.358
_	annual cost of comises (may CCD-1.0)	676 142
17 18	annual cost of services (max CCR=1.0)	676,142
	adjustment factor	
	inflation	1.0343
21	illiation	1.0543
	adjusted annual charges	1,952,301
23	adjusted Medicaid payments for services	518,719
	supplemental rate adjustment payments	0
_	total adjusted Medicaid payments	518,719
26	adjusted cost of services	699,351
27		033,331
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	699,351
35	facility specific UPL amount	180,632
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(2,160)
39	allocation of supplemental payments	(84,526)
40	total aggregate limit adjustments	(86,686)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	93,946
43	Original payment made in FY 2014	48,553
44	difference	45,393
	Intergovernmental transfer amount	15,465
46	Net funds amount	29,928

	Facility Name	Irwin County Hospital
	Medicaid Provider ID	00000987A
2	base period report period beginning date	12/01/10
3	base period report period ending date	11/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL 1	
7	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	1 007 077
	covered charges	1,987,877
	payments for services	1,098,265
	annual covered charges	1,987,877
13 14	annual payments for services	1,098,265
15	Medicare inpatient CCR	0.564
16	Medicare impatient CCN	0.504
17	annual cost of services (max CCR=1.0)	1,121,159
18	allitual cost of services (max ccn-1.0)	1,121,133
	adjustment factor	
	inflation	1.0483
21	Timation .	1.0403
	adjusted annual charges	2,083,814
23	adjusted Medicaid payments for services	1,151,268
	supplemental rate adjustment payments	0
_	total adjusted Medicaid payments	1,151,268
26	adjusted cost of services	1,175,267
27	,	
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,293,545
33		
34	maximum annual payments	1,293,545
35	facility specific UPL amount	142,277
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(1,702)
39	allocation of supplemental payments	(66,577)
40	total aggregate limit adjustments	(68,279)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	73,998
43	Original payment made in FY 2014	38,243
44	difference	35,755
	Intergovernmental transfer amount	12,182
46	Net funds amount	23,573

	Facility Name	Jefferson Hospital
	Medicaid Provider ID	000001031A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	492,433
	payments for services	452,330
	annual covered charges	492,433
	annual payments for services	452,330
14		
15	Medicare inpatient CCR	0.527
16		
17	annual cost of services (max CCR=1.0)	259,702
18		
	adjustment factor	
	inflation	1.0438
21		
-	adjusted annual charges	514,006
23	adjusted Medicaid payments for services	472,147
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	472,147
26	adjusted cost of services	271,080
27		
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	530,496
33		
-	maximum annual payments	530,496
35	facility specific UPL amount	58,349
36	annonata limita adirratus serte	
37	aggregate limit adjustments	(000)
38	allocation of UPL amounts < 0	(698)
	allocation of supplemental payments	(27,304)
	total aggregate limit adjustments	(28,002)
41	LIDI amount often aggreents limit adjustic and ADJUSTED	20.5.7
42	UPL amount after aggregate limit adjustments - ADJUSTED	30,347
43	Original payment made in FY 2014	15,684
	difference	14,663
	Intergovernmental transfer amount	4,996
46	Net funds amount	9,667

	Facility Name	Mayo Clinic Health System in Waycross, Inc.
1	Medicaid Provider ID	000001229A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL status (4	
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	15,000,050
10	covered charges	16,938,260
11	payments for services	6,647,897
12	annual covered charges	16,938,260
13	annual payments for services	6,647,897
15	Medicare inpatient CCR	0.375
16	•	
17	annual cost of services (max CCR=1.0)	6,353,948
18		-77-
19	adjustment factor	
20	inflation	1.0438
21		2.0.100
22	adjusted annual charges	17,680,325
23	adjusted Medicaid payments for services	6,939,141
24	supplemental rate adjustment payments	355,835
25	total adjusted Medicaid payments	7,294,976
26	adjusted cost of services	6,632,314
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	7,796,702
33		, ,
34	maximum annual payments	7,796,702
35	facility specific UPL amount	501,726
36	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(10,256)
39	allocation of supplemental payments	(45,455)
40	total aggregate limit adjustments	(55,711)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	446,015
43	Original payment made in FY 2014	230,509
44	difference	215,506
45	Intergovernmental transfer amount	73,423
46	Net funds amount	142,083

	Facility Name	Meadows Regional Medical Center
1	Medicaid Provider ID	000001086A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	14,179,628
11	payments for services	4,267,772
12	annual covered charges	14,179,628
13	annual payments for services	4,267,772
14		
15	Medicare inpatient CCR	0.303
16		
17	annual cost of services (max CCR=1.0)	4,301,449
18		
19	adjustment factor	
20	inflation	1.0343
21		
22	adjusted annual charges	14,666,358
23	adjusted Medicaid payments for services	4,414,268
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,414,268
26	adjusted cost of services	4,449,101
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,959,797
33		
34	maximum annual payments	4,959,797
35	facility specific UPL amount	545,529
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(6,524)
39	allocation of supplemental payments	(255,277)
40	total aggregate limit adjustments	(261,801)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	283,728
43	Original payment made in FY 2014	146,636
44	difference	137,092
45	Intergovernmental transfer amount	46,707
46	Net funds amount	90,385

3 base period report period ending date     09/30/4       4 adjustment factor (if period not equal to 1 year)     1.00       6 7 CAH status (1 = yes)     8       8 9 Medicaid inpatient claims paid at amount > 0:			
1   Medicaid Provider ID   000001207A   10/01/    2   base period report period beginning date   09/30/    3   base period report period ending date   09/30/    4     5   adjustment factor (if period not equal to 1 year)   1.00     6   7   CAH status (1 = yes)			
base period report period beginning date 09/30/  base period report period ending date 09/30/  data adjustment factor (if period not equal to 1 year) 1.00  CAH status (1 = yes) 10  Medicaid inpatient claims paid at amount > 0: covered charges 140,284,7 payments for services 42,938,3 annual covered charges 140,284,7 annual covered charges 142,938,3 annual payments for services 42,938,3 annual cost of services (max CCR=1.0) 43,639,1 annual cost o		•	Medical Center of Central GA
adjustment factor (if period not equal to 1 year)  5 adjustment factor (if period not equal to 1 year)  6 7 CAH status (1 = yes)  8 9 Medicaid inpatient claims paid at amount > 0:  100 covered charges 140,284,7 13 annual covered charges 140,284,7 13 annual payments for services 42,938,3 14 15 Medicare inpatient CCR 0.3 16 17 annual cost of services (max CCR=1.0) 18 adjustment factor 19 adjustment factor 20 inflation 21 adjusted annual charges 23 adjusted Medicaid payments for services 24 supplemental rate adjustment payments 5,027,3 25 total adjusted Medicaid payments 26 adjusted cost of services 27 28 other UPL Calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (1,285, 2,334, 8) 34 maximum annual payments 35 (2,708, 9) 36 facility specific UPL amount 37 aggregate limit adjustments 38 allocation of UPL amounts 39 allocation of UPL amounts 30 facility specific UPL amount 31 DRG differential adjustments 32 (67,08, 9) 33 allocation of UPL amounts 34 (7) 35 aggregate limit adjustments 36 (7) 37 aggregate limit adjustments 38 allocation of UPL amounts 39 allocation of Supplemental payments 30 (2,70,9) 40 Original payment made in FY 2014 41 (1,409,8) 45 intergovernmental transfer amount 480,3	1	Medicaid Provider ID	
adjustment factor (if period not equal to 1 year)  CAH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  covered charges  110 covered charges  121 annual covered charges  133 annual payments for services  142,938,3  Medicare inpatient CCR  13 annual payments for services  142,938,3  Medicare inpatient CCR  15 dannual cost of services (max CCR=1.0)  16 annual cost of services (max CCR=1.0)  17 annual cost of services (max CCR=1.0)  18 adjustment factor  19 adjusted annual charges  20 inflation  10 cost of services (max CCR=1.0)  21 adjusted Medicaid payments for services  22 adjusted Medicaid payments for services  23 adjusted Medicaid payments for services  24 supplemental rate adjustment payments  5,027,3  25 total adjusted Medicaid payments  5,0424,9  26 adjusted cost of services  46,138,6  27 other UPL calculation data  29 provider category for UPL calculation  DRG differential  DRG differential  DRG differential  DRG differential  DRG differential  DRG differential  51,008,0  33 amaximum annual payments (at DRG differential)  51,008,0  36 facility specific UPL amount  583,07  38 allocation of UPL amounts < 0  (67,05)  39 allocation of upplemental payments  51,008,0  67,05  67	2		10/01/10
Solution	3	base period report period ending date	09/30/11
CAH status (1 = yes)    Medicaid inpatient claims paid at amount > 0:   covered charges   140,284,7     11 payments for services   42,938,3     12 annual payments for services   42,938,3     13 annual payments for services   42,938,3     14	4		
7 CAH status (1 = yes)  8 Medicaid inpatient claims paid at amount > 0:  10 covered charges 140,284,7 11 payments for services 42,938,3 12 annual covered charges 140,284,7 13 annual payments for services 42,938,3 14 15 Medicare inpatient CCR 0,3 16 17 annual cost of services (max CCR=1.0) 43,639,1 18 19 adjustment factor 20 inflation 1,05 21 adjusted annual charges 21 adjusted Medicaid payments for services 22 adjusted Medicaid payments for services 23 adjusted Medicaid payments 24 supplemental rate adjustment payments 25 total adjusted Medicaid payments 26 adjusted cost of services 27 28 provider category for UPL calculation 30 basis for UPL calculation data 29 provider category for UPL calculation 30 DRG differential adjustment rate 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 36 facility specific UPL amount 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of UPL amounts < 0 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments 42 UPL amount after aggregate limit adjustments 43 Original payment make in FY 2014 44 difference 41,409,86 45 intergovernmental transfer amount 480,3		adjustment factor (if period not equal to 1 year)	1.0000
Medicaid inpatient claims paid at amount > 0:  covered charges  140,284,7  payments for services  142,938,3  144  Medicare inpatient CCR  15 annual covered charges  16 annual cost of services (max CCR=1.0)  17 annual cost of services (max CCR=1.0)  18 adjustment factor  19 inflation  1.05  21 adjusted annual charges  22 adjusted annual charges  23 adjusted Medicaid payments for services  34,339,6  24 supplemental rate adjustment payments  25 total adjusted Medicaid payments  26 adjusted Cost of services  27 adjusted Cost of services  28 other UPL calculation data  29 provider category for UPL calculation  31 DRG differential adjustment rate  32 maximum annual payments (at DRG differential)  33 maximum annual payments  34 aggregate limit adjustments  35 (67,08  36 aggregate limit adjustments  40 UPL amount after aggregate limit adjustments  29 provider cost of services  30 allocation of Supplemental payments  31 DRG differential adjustment rate  32 maximum annual payments  33 allocation of UPL amount  34 aggregate limit adjustments  35 (2,01),98  36 day  37 aggregate limit adjustments  38 allocation of Supplemental payments  40 UPL amount after aggregate limit adjustments  41 UPL amount after aggregate limit adjustments  42 (2,917,99)  43 Original payment made in FY 2014  44 UPL amount after aggregate limit adjustments - ADJUSTED  45 Intergovernmental transfer amount  480,3			
9 Medicaid inpatient claims paid at amount > 0:       10 covered charges     140,284,7       11 payments for services     42,938,3       12 annual covered charges     140,284,7       13 annual payments for services     42,938,3       14     42,938,3       15 Medicare inpatient CCR     0.3       16 annual cost of services (max CCR=1.0)     43,639,1       18 adjustment factor     1.05       20 inflation     1.05       21 adjusted Amoula charges     148,319,6       23 adjusted Medicaid payments for services     45,397,6       24 supplemental rate adjustment payments     5,027,3       25 total adjusted Medicaid payments     50,424,9       26 adjusted cost of services     46,138,6       27 Zes other UPL calculation data     provider category for UPL calculation     Non-State Govt.       30 basis for UPL calculation     Non-State Govt.       31 DRG differential adjustment rate     1.1235       32 maximum annual payments (at DRG differential)     51,008,0       33 amximum annual payments     51,008,0       34 maximum annual payments     1,008,0       35 facility specific UPL amount     583,0       36 allocation of UPL amounts < 0		CAH status (1 = yes)	0
10         covered charges         140,284,7           11         payments for services         42,938,3           12         annual covered charges         140,284,7           13         annual payments for services         42,938,3           14         4           15         Medicare inpatient CCR         0.3           16         17         annual cost of services (max CCR=1.0)         43,639,1           18         18         18           19         adjustement factor         1.05           20         inflation         1.05           21         22         adjusted annual charges         148,319,6           23         adjusted Medicaid payments for services         45,397,6           24         supplemental rate adjustment payments         5,027,3           25         total adjusted Medicaid payments         50,424,9           26         adjusted cost of services         46,138,6           27         28         other UPL calculation data           29         provider category for UPL calculation         Non-State Govt.           30         basis for UPL calculation         Non-State Govt.           31         DRG differential adjustment rate         1.1235			
11         payments for services         42,938,3           12         annual covered charges         140,284,7           13         annual payments for services         42,938,3           14         15           15         Medicare inpatient CCR         0.3           16         0.3           17         annual cost of services (max CCR=1.0)         43,639,1           18         0.3           19         adjustment factor         1.05           20         inflation         1.05           21         adjusted annual charges         148,319,6           23         adjusted Medicaid payments for services         45,397,6           24         supplemental rate adjustment payments         5,027,3           25         total adjusted Medicaid payments         50,424,9           26         adjusted cost of services         46,138,6           27         28         other UPL calculation data           29         provider category for UPL calculation         Non-State Govt.           30         basis for UPL calculation         Non-State Govt.           31         DRG differential adjustment rate         1.1235           32         maximum annual payments (at DRG differential)         51,008,			
112 annual covered charges 140,284,7 13 annual payments for services 42,938,3 14 15 Medicare inpatient CCR 0.3 16 17 annual cost of services (max CCR=1.0) 43,639,1 18 19 adjustment factor 1.05 21 22 adjusted annual charges 148,319,6 23 adjusted Medicaid payments for services 45,397,6 24 supplemental rate adjustment payments 5,027,3 25 total adjusted Medicaid payments 50,424,9 26 adjusted cost of services 46,138,6 27 28 other UPL calculation data provider category for UPL calculation DRG differential DRG differential DRG differential adjustment rate 1.1235 33 maximum annual payments (at DRG differential) 51,008,0 35 facility specific UPL amount 583,07 36 maximum annual payments (at DRG differential) 51,008,0 37 aggregate limit adjustments 3 allocation of Supplemental payments (at DRG differential) 52,008,0 38 allocation of UPL amount 583,07 39 allocation of Supplemental payments 2,2401,96 40 total aggregate limit adjustments 2,234,87 41 UPL amount after aggregate limit adjustments 2,234,87 42 UPL amount after aggregate limit adjustments 2,234,87 43 Original payment made in FY 2014 1,508,09 44 difference 1,409,88 45 Intergovernmental transfer amount 480,3		<del>-</del>	140,284,735
13 annual payments for services 42,938,3 14 15 Medicare inpatient CCR 0,3 16 17 annual cost of services (max CCR=1.0) 43,639,1 18 19 adjustment factor 20 inflation 1.05 21 22 adjusted annual charges 148,319,6 23 adjusted Medicaid payments for services 45,397,6 24 supplemental rate adjustment payments 50,424,9 25 total adjusted Medicaid payments 50,424,9 26 adjusted cost of services 46,138,6 27 28 other UPL calculation data provider category for UPL calculation Non-State Govt. 30 basis for UPL calculation 31 DRG differential adjustment rate maximum annual payments (at DRG differential) 51,008,0 33 maximum annual payments 51,008,0 35 facility specific UPL amount 583,07 36 aggregate limit adjustments 31 allocation of UPL amount 583,07 39 allocation of UPL amounts 0 (67,05 39 allocation of Supplemental payments 2,2401,96 40 total aggregate limit adjustments 2,234,87 41 UPL amount after aggregate limit adjustments - ADJUSTED 2,917,95 43 Original payment made in FY 2014 1,508,05 44 difference 1,409,85 45 Intergovernmental transfer amount 480,3			42,938,349
14         Medicare inpatient CCR         0.3           16         0.3           17         annual cost of services (max CCR=1.0)         43,639,1           18         adjustment factor           20         inflation         1.05           21         adjusted annual charges         148,319,6           23         adjusted Medicaid payments for services         45,397,6           24         supplemental rate adjustment payments         50,027,3           25         total adjusted Medicaid payments         50,424,9           26         adjusted cost of services         46,138,6           27         28         other UPL calculation data         0           29         provider category for UPL calculation         Non-State Govt.           30         basis for UPL calculation         DRG differential           31         DRG differential adjustment rate         1.1235           32         maximum annual payments (at DRG differential)         51,008,0           33         maximum annual payments         51,008,0           35         facility specific UPL amount         583,07           36         aggregate limit adjustments         2,401,96           39         allocation of UPL amounts < 0		_	
15 Medicare inpatient CCR 0.3  16 annual cost of services (max CCR=1.0) 43,639,1  18 adjustment factor 1.05  20 inflation 1.05  21 22 adjusted annual charges 148,319,6  23 adjusted Medicaid payments for services 45,397,6  24 supplemental rate adjustment payments 5,027,3  25 total adjusted Medicaid payments 50,424,9  26 adjusted cost of services 46,138,6  27 adjusted cost of services 46,138,6  28 other UPL calculation data provider category for UPL calculation Non-State Govt.  30 basis for UPL calculation DRG differential DRG differential adjustment rate 1.1235  32 maximum annual payments (at DRG differential) 51,008,0  33 amaximum annual payments 51,008,0  36 anaximum annual payments 51,008,0  37 aggregate limit adjustments 51,008,0  39 allocation of UPL amount 50 (67,09  39 allocation of supplemental payments 2,401,96  40 total aggregate limit adjustments 2,334,87  41 UPL amount after aggregate limit adjustments - ADJUSTED 2,917,95  43 Original payment made in FY 2014 1,508,05  44 difference 1,409,85  intergovernmental transfer amount 480,3		annual payments for services	42,938,349
16 17 annual cost of services (max CCR=1.0) 43,639,1 18 19 adjustment factor 20 inflation 1.05 21 22 adjusted annual charges 23 adjusted Medicaid payments for services 45,397,6 24 supplemental rate adjustment payments 5,027,3 25 total adjusted Medicaid payments 46,138,6 27 28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 45 facility specific UPL amount 583,07 36 37 aggregate limit adjustments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments 42 UPL amount after aggregate limit adjustments 43 Original payment made in FY 2014 44 difference 480,38,69 470 480,38,69 480,39			224
17 annual cost of services (max CCR=1.0)  18 adjustment factor  20 inflation  1.05  21 22 adjusted annual charges  23 adjusted Medicaid payments for services  24 supplemental rate adjustment payments  5,027,3  25 total adjusted Medicaid payments  50,424,9  26 adjusted cost of services  46,138,6  27 28 other UPL calculation data  29 provider category for UPL calculation  30 basis for UPL calculation  DRG differential adjustment rate  1.1235  32 maximum annual payments (at DRG differential)  51,008,0  35 facility specific UPL amount  583,07  36 37 aggregate limit adjustments  38 allocation of UPL amounts < 0  (67,05  39 allocation of supplemental payments  2,334,87  40 total aggregate limit adjustments  41 UPL amount after aggregate limit adjustments  2,917,95  43 Original payment made in FY 2014  44 difference  1,409,85  45 Intergovernmental transfer amount  480,3		Medicare inpatient CCR	0.311
18 19 adjustment factor 20 inflation 1.05 21 22 adjusted annual charges 148,319,6 23 adjusted Medicaid payments for services 45,397,6 24 supplemental rate adjustment payments 5,027,3 25 total adjusted Medicaid payments 50,424,9 26 adjusted cost of services 46,138,6 27 28 other UPL calculation data 29 provider category for UPL calculation Non-State Govt. 30 basis for UPL calculation DRG differential DRG differential adjustment rate 1.1235 32 maximum annual payments (at DRG differential) 51,008,0 33 amaximum annual payments 51,008,0 35 facility specific UPL amount 583,07 36 aggregate limit adjustments 38 allocation of UPL amounts < 0 (67,05) 39 allocation of Supplemental payments 2,401,96 40 total aggregate limit adjustments 2,334,87 41 UPL amount after aggregate limit adjustments - ADJUSTED 2,917,95 43 Original payment made in FY 2014 1,508,05 45 Intergovernmental transfer amount 480,3			10.500.104
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20 inflation 1.05 21 22 adjusted annual charges 148,319,6 23 adjusted Medicaid payments for services 45,397,6 24 supplemental rate adjustment payments 5,027,3 25 total adjusted Medicaid payments 50,424,9 26 adjusted cost of services 46,138,6 27 28 other UPL calculation data 29 provider category for UPL calculation Non-State Govt. 30 basis for UPL calculation DRG differential 31 DRG differential adjustment rate 1.1235 32 maximum annual payments (at DRG differential) 51,008,0 33 34 maximum annual payments 51,008,0 35 facility specific UPL amount 583,07 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (67,05 39 allocation of supplemental payments 2,401,96 40 total aggregate limit adjustments 2,334,87 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 2,917,95 43 Original payment made in FY 2014 1,508,05 45 Intergovernmental transfer amount 480,3			
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adjusted Medicaid payments for services  supplemental rate adjustment payments  5,027,3  total adjusted Medicaid payments  50,424,9  adjusted cost of services  46,138,6  7  28 other UPL calculation data  29 provider category for UPL calculation  basis for UPL calculation  DRG differential  DRG differential adjustment rate  1.1235  maximum annual payments (at DRG differential)  51,008,0  33  4 maximum annual payments  51,008,0  35 facility specific UPL amount  583,07  36  37 aggregate limit adjustments  allocation of UPL amounts < 0  (67,05)  39 allocation of supplemental payments  total aggregate limit adjustments  40 total aggregate limit adjustments  41  42 UPL amount after aggregate limit adjustments - ADJUSTED  2,917,95  43 Original payment made in FY 2014  difference  1,409,85  Intergovernmental transfer amount  480,3			140 240 602
24supplemental rate adjustment payments5,027,325total adjusted Medicaid payments50,424,926adjusted cost of services46,138,62728other UPL calculation data29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.123532maximum annual payments (at DRG differential)51,008,03334maximum annual payments51,008,035facility specific UPL amount583,073637aggregate limit adjustments38allocation of UPL amounts < 0			
25 total adjusted Medicaid payments 26 adjusted cost of services 27 28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 36 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014 44 difference 45 Intergovernmental transfer amount 480,3			
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29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 34 maximum annual payments 351,008,0 35 facility specific UPL amount 36 maximum annual payments 38 allocation of UPL amounts < 0 39 allocation of Supplemental payments 40 total aggregate limit adjustments 41 maximum annual payment adjustments 42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014 44 difference 45 Intergovernmental transfer amount 480,3		ath an LIDI polarilation data	
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maximum annual payments (at DRG differential)  31			
33   34 maximum annual payments   51,008,0   35 facility specific UPL amount   583,07   36   37   aggregate limit adjustments   38   allocation of UPL amounts < 0   (67,09   39   allocation of supplemental payments   2,401,96   40   total aggregate limit adjustments   2,334,87   41   42   UPL amount after aggregate limit adjustments - ADJUSTED   2,917,95   43   Original payment made in FY 2014   1,508,05   44   difference   1,409,85   45   Intergovernmental transfer amount   480,3		-	
34maximum annual payments51,008,035facility specific UPL amount583,073637aggregate limit adjustments38allocation of UPL amounts < 0		maximum annual payments (at DNO unreferitial)	31,008,073
35 facility specific UPL amount 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014 44 difference 45 Intergovernmental transfer amount 583,07 67,09	-	maximum annual nayments	51 000 075
36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (67,09) 39 allocation of supplemental payments 2,401,96 40 total aggregate limit adjustments 2,334,87 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 2,917,95 43 Original payment made in FY 2014 1,508,05 44 difference 1,409,89 45 Intergovernmental transfer amount 480,3			
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38 allocation of UPL amounts < 0 (67,09) 39 allocation of supplemental payments 2,401,96 40 total aggregate limit adjustments 2,334,87 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 2,917,95 43 Original payment made in FY 2014 1,508,05 44 difference 1,409,89 45 Intergovernmental transfer amount 480,3		aggregate limit adjustments	
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41			
42UPL amount after aggregate limit adjustments - ADJUSTED2,917,9543Original payment made in FY 20141,508,0544difference1,409,8545Intergovernmental transfer amount480,3		200. 200. 200. 11111. 44.	2,334,072
43 Original payment made in FY 2014 1,508,05 44 difference 1,409,85 45 Intergovernmental transfer amount 480,3	-	UPL amount after aggregate limit adjustments - ADJUSTED	2 917 950
44 difference1,409,8945 Intergovernmental transfer amount480,3			
45 Intergovernmental transfer amount 480,3			
-			480,353
46 Net funds amount 929.5		Net funds amount	929,546

	Facility Name	Memorial Health Univ. Med Ctr
1	Medicaid Provider ID	000001273A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	96,230,741
	payments for services	30,058,773
	annual covered charges	96,230,741
	annual payments for services	30,058,773
14		
15	Medicare inpatient CCR	0.271
16		
17	annual cost of services (max CCR=1.0)	26,082,306
18		
	adjustment factor	
	inflation	1.0438
21		
	adjusted annual charges	100,446,610
23	adjusted Medicaid payments for services	31,375,648
	supplemental rate adjustment payments	4,412,841
-	total adjusted Medicaid payments	35,788,489
26	adjusted cost of services	27,224,972
27		
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
-	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	35,253,149
33		
34	maximum annual payments	35,253,149
35	facility specific UPL amount	(535,340)
36	anno maka limik adii sakus seska	
37	aggregate limit adjustments	(46.070)
38	allocation of UPL amounts < 0	(46,373)
	allocation of supplemental payments	2,598,392
40	total aggregate limit adjustments	2,552,019
41	LIDI amount after aggregate limit adjustments. ADJUSTED	2 242 272
42	UPL amount after aggregate limit adjustments - ADJUSTED	2,016,679
43	Original payment made in FY 2014	1,042,257
44	difference	974,422
	Intergovernmental transfer amount	331,986
46	Net funds amount	642,436

	Facility Name	Memorial Hospital - Bainbridge
1	Medicaid Provider ID	000001262A
2	base period report period beginning date	04/01/11
3	base period report period ending date	03/31/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	2,029,696
11	payments for services	901,121
12	annual covered charges	2,029,696
13	annual payments for services	901,121
14		
15	Medicare inpatient CCR	0.489
16		
17	annual cost of services (max CCR=1.0)	991,774
18		
19	adjustment factor	
20	inflation	1.0322
21		
22	adjusted annual charges	2,095,137
23	adjusted Medicaid payments for services	930,175
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	930,175
26	adjusted cost of services	1,023,751
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,045,129
33		
34	maximum annual payments	1,045,129
35	facility specific UPL amount	114,954
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(1,375)
39	allocation of supplemental payments	(53,792)
40	total aggregate limit adjustments	(55,167)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	59,787
43	Original payment made in FY 2014	30,899
44	difference	28,888
45	Intergovernmental transfer amount	9,842
46	Net funds amount	19,046

	Facility Name	Murray Medical Center
1	Medicaid Provider ID	000001383A
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	866,511
11	payments for services	360,585
12	annual covered charges	866,511
13	annual payments for services	360,585
14		
15	Medicare inpatient CCR	0.351
16		
17	annual cost of services (max CCR=1.0)	303,921
18		
19	adjustment factor	
20	inflation	1.1022
21		
22	adjusted annual charges	955,073
23	adjusted Medicaid payments for services	397,439
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	397,439
26	adjusted cost of services	334,983
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	446,556
33		
34	maximum annual payments	446,556
35	facility specific UPL amount	49,117
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(587)
39	allocation of supplemental payments	(22,984)
40	total aggregate limit adjustments	(23,571)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	25,546
43	Original payment made in FY 2014	13,203
44	difference	12,343
45	Intergovernmental transfer amount	4,205
46	Net funds amount	8,138

	Facility Name	Newton Medical Center
1	Medicaid Provider ID	000001394A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL - 1.4	
7	CAH status (1 = yes)	0
8	Madissid innations slaims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	C 91C C20
	covered charges	6,816,628
	payments for services	2,435,472
12	annual covered charges	6,816,628
13	annual payments for services	2,435,472
15	Medicare inpatient CCR	0.313
16	Medicare impatient CCN	0.313
17	annual cost of services (max CCR=1.0)	2 126 720
18	allitual cost of services (max ccn-1.0)	2,136,739
	adjustment factor	
20	inflation	1.0438
21	mination	1.0436
22	adjusted annual charges	7,115,264
23	adjusted Medicaid payments for services	2,542,170
24	supplemental rate adjustment payments	2,542,170
	total adjusted Medicaid payments	2,542,170
26	adjusted cost of services	2,230,350
27	adjusted cost of services	2,230,330
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,856,339
33		
34	maximum annual payments	2,856,339
35	facility specific UPL amount	314,169
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(3,757)
39	allocation of supplemental payments	(147,013)
40	total aggregate limit adjustments	(150,770)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	163,399
43	Original payment made in FY 2014	84,447
44	difference	78,952
45	Intergovernmental transfer amount	26,899
46	Net funds amount	52,053

	Facility Name	Northeast GA Medical Center
	Medicaid Provider ID	00000888A
	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	77,563,981
	payments for services	24,399,193
	annual covered charges	77,563,981
13	annual payments for services	24,399,193
14		
15	Medicare inpatient CCR	0.272
16		
17	annual cost of services (max CCR=1.0)	21,097,653
18		
19	adjustment factor	
20	inflation	1.0573
21		
22	adjusted annual charges	82,006,536
23	adjusted Medicaid payments for services	25,796,681
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	25,796,681
26	adjusted cost of services	22,306,042
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	28,984,716
33		
34	maximum annual payments	28,984,716
35	facility specific UPL amount	3,188,035
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(38,127)
39	allocation of supplemental payments	(1,491,819)
40	total aggregate limit adjustments	(1,529,946)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	1,658,089
43	Original payment made in FY 2014	856,931
44	difference	801,158
	Intergovernmental transfer amount	272,955
46	Net funds amount	528,203

1 Medi 2 base 3 base 4 5 adjus 6 7 CAH s 8 9 Medi 10 cover 11 paym 12 annus 13 annus 14 15 Medi 16 17 annus 18 19 adjus 20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	ty Name  caid Provider ID  period report period beginning date  period report period ending date  tment factor (if period not equal to 1 year)  status (1 = yes)  caid inpatient claims paid at amount > 0: red charges rents for services al covered charges al payments for services  care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion  ted annual charges	Northside - Cherokee  000001108A  10/01/10  09/30/11  1.0000  0  11,089,538  3,550,612  11,089,538  3,550,612  0.260  2,879,505
1 Medi 2 base 3 base 4 5 adjus 6 7 CAH s 8 9 Medi 10 cover 11 paym 12 annus 13 annus 14 15 Medi 16 17 annus 18 19 adjus 20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	caid Provider ID period report period beginning date period report period ending date  tment factor (if period not equal to 1 year)  status (1 = yes)  caid inpatient claims paid at amount > 0: red charges tents for services al covered charges al payments for services  care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	000001108A 10/01/10 09/30/11 1.0000 0 11,089,538 3,550,612 11,089,538 3,550,612 0.260 2,879,505
2 base 3 base 4 5 adjus 6 7 CAH s 8 9 Medi 10 cover 11 paym 12 annus 13 annus 14 15 Medi 16 17 annus 18 19 adjus 20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	period report period beginning date period report period ending date  tment factor (if period not equal to 1 year)  status (1 = yes)  caid inpatient claims paid at amount > 0: red charges tents for services al covered charges al payments for services  care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	10/01/10 09/30/11 1.0000 0 11,089,538 3,550,612 11,089,538 3,550,612 0.260
3 base 4 5 adjus 6 7 CAH s 8 9 Medi 10 cover 11 paym 12 annus 13 annus 14 15 Medi 16 17 annus 18 19 adjus 20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	tment factor (if period not equal to 1 year)  status (1 = yes)  caid inpatient claims paid at amount > 0: red charges tents for services al covered charges al payments for services care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	09/30/11 1.0000 0 11,089,538 3,550,612 11,089,538 3,550,612 0.260 2,879,505
4   5 adjus   6   7   CAH s   8   9   Medi   10   cover   11   paym   12   annua   14   15   Medi   16   17   annua   18   19   adjus   20   inflat   21   22   adjus   24   suppl   25   total   26   adjus   27   28   other	tment factor (if period not equal to 1 year)  status (1 = yes)  caid inpatient claims paid at amount > 0: red charges tents for services al covered charges al payments for services  care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	1.0000 0 11,089,538 3,550,612 11,089,538 3,550,612 0.260 2,879,505
5 adjus 6 7 CAH s 8 9 Medi 10 cover 11 paym 12 annus 13 annus 14 15 Medi 16 17 annus 18 19 adjus 20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	caid inpatient claims paid at amount > 0: red charges lents for services al covered charges al payments for services care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	0 11,089,538 3,550,612 11,089,538 3,550,612 0.260 2,879,505
6	caid inpatient claims paid at amount > 0: red charges lents for services al covered charges al payments for services care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	0 11,089,538 3,550,612 11,089,538 3,550,612 0.260 2,879,505
7 CAH s 8 9 Medi 10 cover 11 paym 12 annu 13 annu 14 15 Medi 16 17 annu 18 19 adjus 20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	caid inpatient claims paid at amount > 0: red charges sents for services al covered charges al payments for services care inpatient CCR al cost of services (max CCR=1.0) tment factor ion	11,089,538 3,550,612 11,089,538 3,550,612 0.260 2,879,505
8   9   Medi   10   cover   11   paym   12   annua   13   annua   14   15   Medi   16   17   annua   18   19   adjus   20   inflat   21   22   adjus   24   suppl   25   total   26   adjus   27   28   other	caid inpatient claims paid at amount > 0: red charges sents for services al covered charges al payments for services care inpatient CCR al cost of services (max CCR=1.0) tment factor ion	11,089,538 3,550,612 11,089,538 3,550,612 0.260 2,879,505
9 Medi 10 cover 11 paym 12 annui 13 annui 14 15 Medi 16 17 annui 18 19 adjus 20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	red charges sents for services al covered charges al payments for services  care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	3,550,612 11,089,538 3,550,612 0.260 2,879,505
10 cover 11 paym 12 annus 13 annus 14 15 Medi 16 17 annus 18 19 adjus 20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	red charges sents for services al covered charges al payments for services  care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	3,550,612 11,089,538 3,550,612 0.260 2,879,505
11 paym 12 annus 13 annus 14 15 Medi 16 17 annus 18 19 adjus 20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	care inpatient CCR  al cost of services (max CCR=1.0)  tment factor  ion	3,550,612 11,089,538 3,550,612 0.260 2,879,505
12 annua 13 annua 14   15 Medi 16   17 annua 18   19 adjus 20 inflat 21   22 adjus 23 adjus 24 suppl 25 total 26 adjus 27   28 other	al covered charges al payments for services  care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	11,089,538 3,550,612 0.260 2,879,505
13 annual 14	al payments for services  care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	3,550,612 0.260 2,879,505
14   15   Medi   16   17   annu   18   19   adjus   20   inflat   21   22   adjus   24   suppl   25   total   26   adjus   27   28   other	care inpatient CCR  al cost of services (max CCR=1.0)  tment factor ion	0.260 2,879,505
15 Medi 16	al cost of services (max CCR=1.0)  tment factor ion	2,879,505
16   17   annua   18   19   adjus   20   inflat   21   22   adjus   24   suppl   25   total   26   adjus   27   28   other	al cost of services (max CCR=1.0)  tment factor ion	2,879,505
17 annua 18	tment factor ion	
18	tment factor ion	
19 adjus 20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	ion	1.0573
20 inflat 21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	ion	1.0573
21 22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other		1.05/3
22 adjus 23 adjus 24 suppl 25 total 26 adjus 27 28 other	ted annual charges	
23 adjus 24 suppl 25 total 26 adjus 27 28 other	ted annual charges	11 724 702
24 suppl 25 total 26 adjus 27 28 other	-	11,724,702
25 total 26 adjus 27 28 <u>other</u>	ted Medicaid payments for services	3,753,977
26 adjus 27 28 <u>other</u>	emental rate adjustment payments	2.752.077
27 28 <u>other</u>	adjusted Medicaid payments	3,753,977
28 <u>other</u>	ted cost of services	3,044,432
<b>—</b>	LIDI coloulation data	
1 /9   DEOVE	UPL calculation data	Non State Cout
<b>—</b>	der category for UPL calculation	Non-State Govt.  DRG differential
<b>—</b>	for UPL calculation  differential adjustment rate	
<b>—</b>	num annual payments (at DRG differential)	1.123583 4,217,905
33	nam annuai payments (at DNG uniciential)	4,217,903
	mum annual nayments	4 217 OOE
	mum annual payments ry specific UPL amount	4,217,905 463,928
36	y specific of Lamount	403,928
	gate limit adjustments	
	ntion of UPL amounts < 0	(5,548)
	ation of supplemental payments	(217,092)
<b>—</b>	aggregate limit adjustments	(222,640)
40 total	appi epace illine aujustillelits	(222,040)
	mount after aggregate limit adjustments - ADJUSTED	241,288
$\vdash$	nal payment made in FY 2014	124,702
	iai payment made iii i 2017	116,586
	rence	110,500
46 Net fu	ence governmental transfer amount	39,721

	Facility Name	Northside - Forsyth
1	Medicaid Provider ID	00000767A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	20,154,505
11	payments for services	5,215,234
12	annual covered charges	20,154,505
13	annual payments for services	5,215,234
14		
15	Medicare inpatient CCR	0.279
16		
17	annual cost of services (max CCR=1.0)	5,627,429
18		
19	adjustment factor	
20	inflation	1.0573
21		24 222 274
22	adjusted annual charges	21,308,874
23	adjusted Medicaid payments for services	5,513,942
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,513,942
26	adjusted cost of services	5,949,746
27	ath an LIDI and sulption date	
28	other UPL calculation data	Non State Cout
29	provider category for UPL calculation	Non-State Govt.
-	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate maximum annual payments (at DRG differential)	1.123583
<b>-</b>	maximum annuai payments (at DNG umerentiai)	6,195,372
33	maximum annual nayments	£ 10E 272
	maximum annual payments facility specific UPL amount	6,195,372 681,430
35 36	lacinty specific of Lamount	001,430
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(8,150)
39	allocation of supplemental payments	(318,870)
40	total aggregate limit adjustments	(327,020)
41	total applegate milit adjustments	(327,020)
42	UPL amount after aggregate limit adjustments - ADJUSTED	354,410
43	Original payment made in FY 2014	183,166
44	difference	171,244
45	Intergovernmental transfer amount	58,343
46	Net funds amount	112,901
	inet rands amount	112,501

	Facility Name	Northside Hospital
1	Medicaid Provider ID	000001405A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	65,844,207
11	payments for services	18,571,609
12	annual covered charges	65,844,207
13	annual payments for services	18,571,609
14		
15	Medicare inpatient CCR	0.276
16		
17	annual cost of services (max CCR=1.0)	18,159,011
18		
19	adjustment factor	
20	inflation	1.0573
21		
22	adjusted annual charges	69,615,500
	adjusted Medicaid payments for services	19,635,316
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	19,635,316
	adjusted cost of services	19,199,087
27	•	, ,
28	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
	maximum annual payments (at DRG differential)	22,061,910
33	,	, ,
	maximum annual payments	22,061,910
	facility specific UPL amount	2,426,594
36	A special control of Serve	_,,
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(29,021)
	allocation of supplemental payments	(1,135,508)
	total aggregate limit adjustments	(1,164,529)
41		(=,== :,3=3)
	UPL amount after aggregate limit adjustments - ADJUSTED	1,262,065
	Original payment made in FY 2014	652,259
	difference	609,806
		000,000
	Intergovernmental transfer amount	207,761

	Facility Name	Oconee Regional Medical Center
1	Medicaid Provider ID	00000129A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	6,125,528
11	payments for services	2,349,380
12	annual covered charges	6,125,528
13	annual payments for services	2,349,380
14		
15	Medicare inpatient CCR	0.384
16		
17	annual cost of services (max CCR=1.0)	2,349,941
18		
19	adjustment factor	
20	inflation	1.0573
21		
22	adjusted annual charges	6,476,374
23	adjusted Medicaid payments for services	2,483,943
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,483,943
26	adjusted cost of services	2,484,536
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,790,916
33		
34	maximum annual payments	2,790,916
35	facility specific UPL amount	306,973
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(3,671)
39	allocation of supplemental payments	(143,646)
40	total aggregate limit adjustments	(147,317)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	159,656
43	Original payment made in FY 2014	82,513
44	difference	77,143
45	Intergovernmental transfer amount	26,283
46	Net funds amount	50,860

	Facility Name	Perry Hospital
1	Medicaid Provider ID	000001471A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	1,070,151
11	payments for services	509,116
12	annual covered charges	1,070,151
13	annual payments for services	509,116
14		2.454
15	Medicare inpatient CCR	0.451
16		
17	annual cost of services (max CCR=1.0)	482,357
18		
19	adjustment factor	1 0 1 0 1
20	inflation	1.0438
21		4.447.024
22	adjusted annual charges	1,117,034
23	adjusted Medicaid payments for services	531,420
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	531,420
26	adjusted cost of services	503,489
27	1 10 1 1	
28	other UPL calculation data	Non-State Court
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	597,095
33	maximum annual nauments	F07.00F
34	maximum annual payments	597,095
35	facility specific UPL amount	65,675
36	aggregate limit adjustments	
37	aggregate limit adjustments	/705\
39	allocation of UPL amounts < 0 allocation of supplemental payments	(785)
	total aggregate limit adjustments	(30,732)
40	totai aggregate iiiiit aujustiileiits	(31,517)
41	UPL amount after aggregate limit adjustments - ADJUSTED	24 150
		34,158
43	Original payment made in FY 2014 difference	17,653 16,505
45	Intergovernmental transfer amount	5,623
45	Net funds amount	10,882
40	ואכנ ועוועט מוווטעוונ	10,882

2 base primary and provided the provided to th	anid Provider ID eriod report period beginning date eriod report period ending date eriod report period ending date  ment factor (if period not equal to 1 year)  atus (1 = yes)  aid inpatient claims paid at amount > 0:  d charges nts for services covered charges payments for services  are inpatient CCR  cost of services (max CCR=1.0)	Phoebe Dorminy Medical Center  000000613A  08/01/10  07/31/11  1.0000  0  1,931,927  886,052  1,931,927  886,052  0.488  943,266  1.0683  2,063,878
1 Medica 2 base po 3 base po 4 5 adjustr 6 7 CAH st 8 9 Medica 10 covere 11 payme 12 annual 13 annual 14 15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjuste 23 adjuste 24 supple 25 total ad 26 adjuste 27 28 other to 29 provide 30 basis fo 31 DRG di 32 maxim	anid Provider ID eriod report period beginning date eriod report period ending date eriod report period ending date  ment factor (if period not equal to 1 year)  atus (1 = yes)  aid inpatient claims paid at amount > 0:  d charges nts for services covered charges payments for services  are inpatient CCR  cost of services (max CCR=1.0)  ment factor n  ed annual charges	000000613A  08/01/10  07/31/11  1.0000  0  1,931,927  886,052  1,931,927  886,052  0.488  943,266
2 base production of the control of	eriod report period beginning date eriod report period ending date ment factor (if period not equal to 1 year)  atus (1 = yes)  aid inpatient claims paid at amount > 0: d charges nts for services covered charges payments for services are inpatient CCR  cost of services (max CCR=1.0)  ment factor n	08/01/10 07/31/11 1.0000 0 1,931,927 886,052 1,931,927 886,052 0.488 943,266
3 base por 4 5 adjustr 6 7 CAH st 8 9 Medica 10 covere 11 payme 12 annual 13 annual 14 15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjuste 23 adjuste 24 supple 25 total ac 26 adjuste 27 28 other U 29 provide 30 basis for 31 DRG di 32 maxim	eriod report period ending date  ment factor (if period not equal to 1 year)  atus (1 = yes)  aid inpatient claims paid at amount > 0:  d charges nts for services  covered charges payments for services  are inpatient CCR  cost of services (max CCR=1.0)  ment factor n	07/31/11 1.0000 0 1,931,927 886,052 1,931,927 886,052 0.488 943,266
4   5 adjustr 6   7 CAH st 8   9 Medica 10 covere 11 payme 12 annual 13 annual 14   15 Medica 16   17 annual 18   19 adjustr 20 inflatio 21   22 adjuste 23 adjuste 24 supple 25 total ac 26 adjuste 27   28 other total 29 provide 30 basis for 31 DRG di 32 maxim	ment factor (if period not equal to 1 year)  atus (1 = yes)  aid inpatient claims paid at amount > 0:  d charges nts for services covered charges payments for services  are inpatient CCR  cost of services (max CCR=1.0)  ment factor n	1.0000 0 1,931,927 886,052 1,931,927 886,052 0.488 943,266
5 adjustr 6 7 CAH st 8 9 Medica 10 covere 11 payme 12 annual 13 annual 14 15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjuste 23 adjuste 24 supple 25 total adjustr 26 adjuste 27 28 other total 29 provide 30 basis for 31 DRG di 32 maxim	atus (1 = yes)  aid inpatient claims paid at amount > 0: d charges nts for services covered charges payments for services  are inpatient CCR  cost of services (max CCR=1.0)  ment factor n	1,931,927 886,052 1,931,927 886,052 0.488 943,266
6	atus (1 = yes)  aid inpatient claims paid at amount > 0: d charges nts for services covered charges payments for services  are inpatient CCR  cost of services (max CCR=1.0)  ment factor n	1,931,927 886,052 1,931,927 886,052 0.488 943,266
7 CAH st  8  9 Medica  10 covere  11 payme  12 annual  13 annual  14  15 Medica  16  17 annual  18  19 adjustr  20 inflatio  21  22 adjustr  23 adjustr  24 supple  25 total ac  26 adjustr  27  28 other U  29 provide  30 basis fo  31 DRG di  32 maxim	aid inpatient claims paid at amount > 0: d charges nts for services covered charges payments for services are inpatient CCR  cost of services (max CCR=1.0)  ment factor n	1,931,927 886,052 1,931,927 886,052 0.488 943,266
8 9 Medica 10 covere 11 payme 12 annual 13 annual 14 15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjustr 23 adjustr 24 supple 25 total ar 26 adjustr 27 28 other U 29 provide 30 basis fo 31 DRG di 32 maxim	aid inpatient claims paid at amount > 0: d charges nts for services covered charges payments for services are inpatient CCR  cost of services (max CCR=1.0)  ment factor n	1,931,927 886,052 1,931,927 886,052 0.488 943,266
9 Medica 10 covere 11 payme 12 annual 13 annual 14 15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjustr 23 adjustr 24 supple 25 total ac 26 adjustr 27 28 other t 29 provide 30 basis fo 31 DRG di 32 maxim	d charges Ints for services Covered charges Interpretation of services  Are inpatient CCR  Cost of services (max CCR=1.0)  Interpretation of services (max CCR=1.0)	886,052 1,931,927 886,052 0.488 943,266
10 covere 11 payme 12 annual 13 annual 14 15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjuste 23 adjuste 24 supple 25 total ac 26 adjuste 27 28 other t 29 provide 30 basis fo 31 DRG di 32 maxim	d charges Ints for services Covered charges Interpretation of services  Are inpatient CCR  Cost of services (max CCR=1.0)  Interpretation of services (max CCR=1.0)	886,052 1,931,927 886,052 0.488 943,266
11 payme 12 annual 13 annual 14 15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjustr 23 adjustr 24 supple 25 total ar 26 adjustr 27 28 other U 29 provide 30 basis fo 31 DRG di 32 maxim	nts for services covered charges payments for services are inpatient CCR  cost of services (max CCR=1.0)  ment factor n	886,052 1,931,927 886,052 0.488 943,266
12 annual 13 annual 14 15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjustr 23 adjustr 24 supple 25 total ac 26 adjustr 27 28 other U 29 provide 30 basis fo 31 DRG di 32 maxim	covered charges payments for services  are inpatient CCR  cost of services (max CCR=1.0)  ment factor n	1,931,927 886,052 0.488 943,266
13 annual 14 15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjuste 23 adjuste 24 supple 25 total ac 26 adjuste 27 28 other t 29 provide 30 basis fo 31 DRG di 32 maxim	payments for services  are inpatient CCR  cost of services (max CCR=1.0)  ment factor n  ed annual charges	943,266 1.0683
14 15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjustr 23 adjustr 24 supple 25 total ar 26 adjustr 27 28 other U 29 provide 30 basis fo 31 DRG di 32 maxim	cost of services (max CCR=1.0)  ment factor n ed annual charges	0.488 943,266 1.0683
15 Medica 16 17 annual 18 19 adjustr 20 inflatio 21 22 adjustr 23 adjustr 24 supple 25 total ar 26 adjustr 27 28 other U 29 provide 30 basis fo 31 DRG di 32 maxim	cost of services (max CCR=1.0)  ment factor  n  ed annual charges	1.0683
16 17 annual 18 19 adjustr 20 inflatio 21 22 adjustr 23 adjustr 24 supple 25 total ac 26 adjustr 27 28 other U 29 provide 30 basis fo 31 DRG di 32 maxim	cost of services (max CCR=1.0)  ment factor  n  ed annual charges	1.0683
17 annual 18 19 adjustr 20 inflatio 21 22 adjustr 23 adjustr 24 supple 25 total ar 26 adjustr 27 28 other t 29 provide 30 basis fo 31 DRG di 32 maxim	nent factor n ed annual charges	1.0683
18 19 adjustr 20 inflatio 21 22 adjustr 23 adjustr 24 supple 25 total ac 26 adjustr 27 28 other L 29 provide 30 basis fo 31 DRG di 32 maxim	nent factor n ed annual charges	1.0683
19 adjustr 20 inflatio 21 22 adjuste 23 adjuste 24 supple 25 total ac 26 adjuste 27 28 other U 29 provide 30 basis fo 31 DRG di 32 maxim	ed annual charges	
20 inflation 21 22 adjuste 23 adjuste 24 supple 25 total ac 26 adjuste 27 28 other U 29 provide 30 basis for 31 DRG di 32 maxim	ed annual charges	
21 22 adjuste 23 adjuste 24 supple 25 total ac 26 adjuste 27 28 other L 29 provide 30 basis for 31 DRG di 32 maxim	ed annual charges	
22 adjuste 23 adjuste 24 supple 25 total at 26 adjuste 27 28 other U 29 provide 30 basis fo 31 DRG di 32 maxim		2,063,878
23 adjuste 24 supple 25 total ac 26 adjuste 27 28 other L 29 provide 30 basis fo 31 DRG di 32 maxim		2,063,878
24 supple 25 total ac 26 adjuste 27 28 other L 29 provide 30 basis fo 31 DRG di 32 maxim	ed Medicald payments for services	046 560
25 total ad 26 adjuste 27 28 other L 29 provide 30 basis fo 31 DRG di 32 maxim		946,569
26 adjuste 27 28 other U 29 provide 30 basis fe 31 DRG di 32 maxim	mental rate adjustment payments	046.560
27 28 other L 29 provide 30 basis for 31 DRG di 32 maxim	djusted Medicaid payments	946,569
28 other U 29 provide 30 basis fo 31 DRG di 32 maxim	ed cost of services	1,007,691
29 provide 30 basis fo 31 DRG di 32 maxim	IDL calculation data	
30 basis fo 31 DRG di 32 maxim	JPL calculation data	Non State Cout
31 DRG di 32 maxim	er category for UPL calculation or UPL calculation	Non-State Govt.  DRG differential
32 maxim	fferential adjustment rate	
	um annual payments (at DRG differential)	1.123583 1,063,549
1 22 1	um annuai payments (at DNO umerentiai)	1,003,349
33   34   maxim	um annual payments	1,063,549
	specific UPL amount	1,065,349
36 Tacility	specific of Lamount	110,980
	ate limit adjustments	
	ion of UPL amounts < 0	(1,399)
	ion of supplemental payments	(54,740)
H	ggregate limit adjustments	(56,139)
41	55. Space mine adjustments	(50,133)
	nount after aggregate limit adjustments. ADJUSTED	60,841
	IODIN ANTE APPREVALE INTO ANDIOMENTS - ADJUSTED	00,841
43 differe	nount after aggregate limit adjustments - ADJUSTED	21 ////
	ll payment made in FY 2014	31,444
46 Net fur	ll payment made in FY 2014	31,444 29,397 10,016

	Facility Name	Phoebe North
1	Medicaid Provider ID	000001416A
2	base period report period beginning date	05/01/09
3	base period report period ending date	04/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL - 1.4	
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	8,265,132
	payments for services	2,330,579
	annual covered charges	8,265,132
	annual payments for services	2,330,579
14	A II COD	0.240
15	Medicare inpatient CCR	0.319
16		2 527 222
17	annual cost of services (max CCR=1.0)	2,637,382
18		
	adjustment factor	4 40 57
-	inflation	1.1267
21		0.244.044
-	adjusted annual charges	9,311,911
23	adjusted Medicaid payments for services	2,625,747
	supplemental rate adjustment payments	0
-	total adjusted Medicaid payments	2,625,747
26	adjusted cost of services	2,971,406
27		
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,950,245
33		2 070 245
34	maximum annual payments	2,950,245
35	facility specific UPL amount	324,498
36	and and the tradition of the second of the s	
37	aggregate limit adjustments	(2.221)
38	allocation of UPL amounts < 0	(3,881)
	allocation of supplemental payments	(151,846)
	total aggregate limit adjustments	(155,727)
41	LIDI amount often aggreeate limit adjustment. ADJUSTED	100
42	UPL amount after aggregate limit adjustments - ADJUSTED	168,771
43	Original payment made in FY 2014	87,224
44	difference	81,547
	Intergovernmental transfer amount	27,783
46	Net funds amount	53,764

	Facility Name	Phoebe Putney
1	Medicaid Provider ID	000001482A
2	base period report period beginning date	08/01/10
3	base period report period ending date	07/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	66,605,641
	payments for services	20,778,312
12	annual covered charges	66,605,641
13	annual payments for services	20,778,312
14	Madiana invatinat CCD	0.252
15	Medicare inpatient CCR	0.352
16	annual and of annian (may CCD 4.0)	22 422 244
17	annual cost of services (max CCR=1.0)	23,423,214
18	adjustment factor	
19	adjustment factor	1.0693
20	inflation	1.0683
22	adjusted annual charges	71,154,806
23	adjusted Medicaid payments for services	22,197,471
24	supplemental rate adjustment payments	2,849,484
25	total adjusted Medicaid payments	25,046,955
26	adjusted cost of services	25,023,020
27	aujusted cost of services	23,023,020
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	24,940,704
33		, , , , ,
34	maximum annual payments	24,940,704
35	facility specific UPL amount	(106,251)
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(32,807)
39	allocation of supplemental payments	1,565,807
40	total aggregate limit adjustments	1,533,000
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	1,426,749
43	Original payment made in FY 2014	737,370
44	difference	689,379
45	Intergovernmental transfer amount	234,872
46	Net funds amount	454,507

		Phoebe Sumter Medical Center,
	Facility Name	Inc.
1	Medicaid Provider ID	00000019A
2	base period report period beginning date	08/01/10
3	base period report period ending date	07/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	4,083,750
	payments for services	1,692,891
	annual covered charges	4,083,750
	annual payments for services	1,692,891
14 15	Medicare inpatient CCR	0.563
16	Medicare inpatient CCR	0.563
_	annual cost of somions (may CCD-1.0)	2 200 206
17 18	annual cost of services (max CCR=1.0)	2,298,396
_	adjustment factor	
	inflation	1.0683
21	iiiiatioii	1.0083
	adjusted annual charges	4,362,670
23	adjusted Medicaid payments for services	1,808,515
	supplemental rate adjustment payments	1,808,515
_	total adjusted Medicaid payments	1,808,515
26	adjusted cost of services	2,455,376
27	adjusted cost of services	2,433,370
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,032,017
33	, , , , , , , , , , , , , , , , , , , ,	
34	maximum annual payments	2,032,017
35	facility specific UPL amount	223,502
36		,
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(2,673)
39	allocation of supplemental payments	(104,586)
40	total aggregate limit adjustments	(107,259)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	116,243
43	Original payment made in FY 2014	60,076
44	difference	56,167
45	Intergovernmental transfer amount	19,136
46	Net funds amount	37,031

	Facility Name	Piedmont Henry Hospital
	Medicaid Provider ID	000182388A
	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	23,380,175
11	payments for services	6,834,006
12	annual covered charges	23,380,175
13	annual payments for services	6,834,006
14		
15	Medicare inpatient CCR	0.244
16		
17	annual cost of services (max CCR=1.0)	5,699,951
18		
19	adjustment factor	
20	inflation	1.0343
21		
22	adjusted annual charges	24,182,723
	adjusted Medicaid payments for services	7,068,590
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	7,068,590
	adjusted cost of services	5,895,608
27		3,552,555
28	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	7,942,149
33	maximum annual payments (at 2110 annerential)	7,5 12,1 13
34	maximum annual payments	7,942,149
	facility specific UPL amount	873,559
36	racinty specific of Lamount	873,333
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(10,447)
39	allocation of supplemental payments	(408,776)
40	total aggregate limit adjustments	(419,223)
41	LIDI amount after aggregate limit adjustments. ADJUSTED	454.000
42	UPL amount after aggregate limit adjustments - ADJUSTED	454,336
43	Original payment made in FY 2014	234,809
	difference	219,527
45	Intergovernmental transfer amount	74,793
46	Net funds amount	144,734

	Facility Name	Smith Northview Hospital
	Medicaid Provider ID	000001691A
	base period report period beginning date	
3	base period report period ending date	
4		
	adjustment factor (if period not equal to 1 year)	
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	0
	payments for services	0
	annual covered charges	0
13	annual payments for services	0
14		
15	Medicare inpatient CCR	0.313
16		
17	annual cost of services (max CCR=1.0)	0
18		
19	adjustment factor	
20	inflation	0.0000
21		
	adjusted annual charges	0
-	adjusted Medicaid payments for services	0
-	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	0
26	adjusted cost of services	0
27		
28	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	0
	facility specific UPL amount	0
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	0
	allocation of supplemental payments	0
40	total aggregate limit adjustments	0
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	0
43	Original payment made in FY 2014	0
	difference	0
	Intergovernmental transfer amount	0
46	Net funds amount	0

	Facility Name	South Georgia Medical Center
1	Medicaid Provider ID	000001724A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL 1	
7	CAH status (1 = yes)	0
8	Mandianid in cratical deliver and detaurants O	
9	Medicaid inpatient claims paid at amount > 0:	27.004.204
	covered charges	27,991,304
	payments for services	11,806,840
12	annual covered charges	27,991,304
13	annual payments for services	11,806,840
14	Medicare inpatient CCR	0.403
15 16	Medicare inpatient CCR	0.403
	annual cost of somilors (may CCD-1.0)	11 266 066
17 18	annual cost of services (max CCR=1.0)	11,266,966
19	adjustment factor	
20	inflation	1.0573
21	IIIIation	1.0373
22	adjusted annual charges	29,594,534
23	adjusted Medicaid payments for services	12,483,089
24	supplemental rate adjustment payments	12,463,089
25	total adjusted Medicaid payments	12,483,089
26	adjusted cost of services	11,912,293
27	aujusted cost of services	11,912,293
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	14,025,788
33	The state of the s	2 :,023,7 83
34	maximum annual payments	14,025,788
35	facility specific UPL amount	1,542,699
36	Notice of the second	2,5 :2,655
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(18,450)
39	allocation of supplemental payments	(721,895)
40	total aggregate limit adjustments	(740,345)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	802,354
43	Original payment made in FY 2014	414,671
44	difference	387,683
45	Intergovernmental transfer amount	132,084
46	Net funds amount	255,599

	Facility Nama	Southeast GA Health System - Brunswick
1	Facility Name  Medicaid Provider ID	
		000000822A
	base period report period beginning date	05/01/11
3	base period report period ending date	04/30/12
5	adjustment factor (if period not equal to 1 year)	1.0000
6	adjustifient factor (ii period flot equal to 1 year)	1.0000
7	CAH status (1 = yes)	0
8	CAR Status (1 – yes)	0
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	22 249 161
	payments for services	23,348,161
		8,254,622
	annual covered charges	23,348,161
	annual payments for services	8,254,622
14	Madiana innationt CCD	0.300
15	Medicare inpatient CCR	0.388
16		0.040.455
17	annual cost of services (max CCR=1.0)	9,049,465
18		
	adjustment factor	4 0220
	inflation	1.0329
21	adicated aggregate and	24.447.456
	adjusted annual charges	24,117,156
23	adjusted Medicaid payments for services	8,526,496
_	supplemental rate adjustment payments	0 505 405
	total adjusted Medicaid payments	8,526,496
26	adjusted cost of services	9,347,518
27	1 10 1 1	
	other UPL calculation data	<u> </u>
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	9,580,227
33		2 = 22 = 2=
34	maximum annual payments	9,580,227
35	facility specific UPL amount	1,053,731
36	and the standard of the standa	
37	aggregate limit adjustments	(10,000)
38	allocation of UPL amounts < 0	(12,602)
	allocation of supplemental payments	(493,086)
40	total aggregate limit adjustments	(505,688)
41	LIDI annount diamana di Piriti di Annount di Piriti di Pi	
42	UPL amount after aggregate limit adjustments - ADJUSTED	548,043
43	Original payment made in FY 2014	283,239
44	difference	264,804
	Intergovernmental transfer amount	90,219
46	Net funds amount	174,585

		Southeast GA Health System -
	Facility Name	Camden
1	Medicaid Provider ID	00000811A
2	base period report period beginning date	05/01/11
3	base period report period ending date	04/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	1,235,632
	payments for services	590,578
	annual covered charges	1,235,632
	annual payments for services	590,578
14		0.500
15	Medicare inpatient CCR	0.522
16		
17	annual cost of services (max CCR=1.0)	645,470
18		
	adjustment factor	
	inflation	1.0329
21		
	adjusted annual charges	1,276,329
23	adjusted Medicaid payments for services	610,029
_	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	610,029
26	adjusted cost of services	666,729
27		
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	685,418
33		
	maximum annual payments	685,418
35	facility specific UPL amount	75,389
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(902)
-	allocation of supplemental payments	(35,278)
	total aggregate limit adjustments	(36,180)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	39,209
43	Original payment made in FY 2014	20,264
	difference	18,945
	Intergovernmental transfer amount	6,455
46	Net funds amount	12,490

	Facility Name	Southern Regional Medical Center
	Medicaid Provider ID	00000404A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	50 400 040
	covered charges	50,180,942
	payments for services	15,055,351
	annual covered charges	50,180,942
	annual payments for services	15,055,351
14	Madisans investigat CCD	0.202
15	Medicare inpatient CCR	0.303
16	annual and of annian (may CCD 4.0)	45 400 450
17	annual cost of services (max CCR=1.0)	15,198,158
18	adjustment factor	
-	adjustment factor	1.0242
	inflation	1.0343
21	adjusted annual charges	E1 002 4E2
23	adjusted annual charges adjusted Medicaid payments for services	51,903,453
	supplemental rate adjustment payments	15,572,141
	total adjusted Medicaid payments	15 572 141
25 26	adjusted cost of services	15,572,141
27	adjusted cost of services	15,719,850
	other UPL calculation data	
29		Non State Gout
	provider category for UPL calculation basis for UPL calculation	Non-State Govt.  DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	17,496,595
33	maximum annual payments (at DNG anterential)	17,430,333
34	maximum annual payments	17,496,595
35	facility specific UPL amount	1,924,454
36	Tacinty specific of Lamount	1,324,434
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(23,015)
	allocation of supplemental payments	(900,535)
40	total aggregate limit adjustments	(923,550)
41		(323,330)
42	UPL amount after aggregate limit adjustments - ADJUSTED	1,000,904
43	Original payment made in FY 2014	517,286
44	difference	483,618
	Intergovernmental transfer amount	164,769
	Net funds amount	318,849

	Facility Name	Stephens County Hospital
1	Medicaid Provider ID	000001834A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	5,319,864
	payments for services	1,873,502
12	annual covered charges	5,319,864
13	annual payments for services	1,873,502
14		0.464
15	Medicare inpatient CCR	0.464
16		0.456.747
17	annual cost of services (max CCR=1.0)	2,466,747
18		
19	adjustment factor	1.0550
20	inflation	1.0573
21		5 624 565
22	adjusted annual charges	5,624,565
23	adjusted Medicaid payments for services	1,980,809
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,980,809
26	adjusted cost of services	2,608,032
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
-	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,225,604
33		2 225 624
34	maximum annual payments	2,225,604
35	facility specific UPL amount	244,795
36	aggregate limit adjustes sate	
37	aggregate limit adjustments	(2.000)
38	allocation of UPL amounts < 0	(2,928)
39	allocation of supplemental payments	(114,550)
40	total aggregate limit adjustments	(117,478)
41	LIDI amount after aggregate limit adjustments. ADJUSTED	427.047
42	UPL amount after aggregate limit adjustments - ADJUSTED	127,317
43	Original payment made in FY 2014	65,800
44	difference	61,517
45	Intergovernmental transfer amount	20,959
46	Net funds amount	40,558

	Facility Name	Tanner Med Ctr - Carrollton
1	Medicaid Provider ID	000001867A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL 1	
7	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	15 126 206
	covered charges	15,126,286
	payments for services	4,856,345
	annual covered charges	15,126,286
13 14	annual payments for services	4,856,345
15	Medicare inpatient CCR	0.323
16	Wiedicare inpatient CCK	0.323
17	annual cost of services (max CCR=1.0)	4,878,777
18	allitual cost of services (max ccn-1.0)	4,878,777
_	adjustment factor	
	inflation	1.0343
21	maton	1.0343
	adjusted annual charges	15,645,511
23	adjusted Medicaid payments for services	5,023,044
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	5,023,044
26	adjusted cost of services	5,046,246
27		2,010,210
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	5,643,808
33		
34	maximum annual payments	5,643,808
35	facility specific UPL amount	620,764
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(7,424)
39	allocation of supplemental payments	(290,482)
40	total aggregate limit adjustments	(297,906)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	322,858
43	Original payment made in FY 2014	166,859
44	difference	155,999
	Intergovernmental transfer amount	53,149
46	Net funds amount	102,850

	Facility Name	Tanner Med Ctr - Villa Rica
1	Medicaid Provider ID	000002032A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL 1	
7	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	12,000,420
	covered charges	13,006,436
	payments for services	6,832,725
	annual covered charges	13,006,436
13 14	annual payments for services	6,832,725
15	Medicare inpatient CCR	0.386
16	Medicare inpatient con	0.580
17	annual cost of services (max CCR=1.0)	5,024,857
18	allitual cost of services (max ccn-1.0)	3,024,637
	adjustment factor	
	inflation	1.0343
21	Timution .	1.0343
	adjusted annual charges	13,452,895
23	adjusted Medicaid payments for services	7,067,265
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	7,067,265
26	adjusted cost of services	5,197,340
27	,	
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	7,940,660
33		
34	maximum annual payments	7,940,660
35	facility specific UPL amount	873,395
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(10,445)
39	allocation of supplemental payments	(408,699)
40	total aggregate limit adjustments	(419,144)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	454,251
43	Original payment made in FY 2014	234,765
44	difference	219,486
	Intergovernmental transfer amount	74,779
46	Net funds amount	144,707

	Facility Name	The Medical Center
1	Medicaid Provider ID	000001196A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	47,423,696
11	payments for services	17,340,866
12	annual covered charges	47,423,696
13	annual payments for services	17,340,866
14		
15	Medicare inpatient CCR	0.362
16		
17	annual cost of services (max CCR=1.0)	17,144,194
18		
19	adjustment factor	
20	inflation	1.0343
21		
22	adjusted annual charges	49,051,562
23	adjusted Medicaid payments for services	17,936,109
24	supplemental rate adjustment payments	4,156,556
25	total adjusted Medicaid payments	22,092,665
26	adjusted cost of services	17,732,686
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
-	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	20,152,710
33		
34	maximum annual payments	20,152,710
35	facility specific UPL amount	(1,939,955)
36	annonata limita adirratus sets	-
37	aggregate limit adjustments	(20, 200)
38	allocation of UPL amounts < 0	(26,509)
39	allocation of supplemental payments	3,119,313
40	total aggregate limit adjustments	3,092,804
41	LIDI amount after aggregate limit adjustice ante. ADUICTED	4.450.000
42	UPL amount after aggregate limit adjustments - ADJUSTED	1,152,849
43	Original payment made in FY 2014	595,814
44	difference	557,035
45	Intergovernmental transfer amount	189,782
46	Net funds amount	367,253

	Facility Name	Tift Regional Medical Center
1	Medicaid Provider ID	000001922A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	25,938,679
	payments for services	7,904,765
12	annual covered charges	25,938,679
13	annual payments for services	7,904,765
14	A. I	0.242
15	Medicare inpatient CCR	0.312
16		0.007.544
17	annual cost of services (max CCR=1.0)	8,087,641
18		
19	adjustment factor	4.0550
20	inflation	1.0573
21		27.424.242
22	adjusted annual charges	27,424,343
23	adjusted Medicaid payments for services	8,357,518
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	8,357,518
26	adjusted cost of services	8,550,869
27	akkan UDI salaulatian data	
28	other UPL calculation data	Non State Cout
29	provider category for UPL calculation	Non-State Govt.
-	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	9,390,366
33	i	0.200.200
34	maximum annual payments	9,390,366
35	facility specific UPL amount	1,032,848
36	aggregate limit adjustments	
37		(42.252)
39	allocation of UPL amounts < 0 allocation of supplemental payments	(12,352)
	total aggregate limit adjustments	(483,314) (495,666)
40	total aggregate illilit aujustillerits	(495,666)
41	UPL amount after aggregate limit adjustments - ADJUSTED	E27 402
		537,182
43	Original payment made in FY 2014 difference	277,626
	Intergovernmental transfer amount	259,556
45 46	Net funds amount	88,431
40	ואפנ ועוועט מוווטעוונ	171,125

	Facility Name	Union General Hospital
	Medicaid Provider ID	000001966A
	base period report period beginning date	05/01/11
3	base period report period ending date	04/30/12
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL	
<b>-</b>	CAH status (1 = yes)	0
8	NA dissidia action deline action and strong action (	
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	747,215
	payments for services	459,629
	annual covered charges	747,215
	annual payments for services	459,629
14	Madiagra innationt CCD	0.479
<b>-</b>	Medicare inpatient CCR	0.478
16	annual and of annian (was CCD 4.0)	257.204
	annual cost of services (max CCR=1.0)	357,291
18	a diversion and for the s	
	adjustment factor	1 0220
	inflation	1.0329
21	adinated arranal aboraca	774 025
	adjusted annual charges	771,825
	adjusted Medicaid payments for services	474,767
-	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	474,767
26 27	adjusted cost of services	369,059
	ather LIDI calculation data	
	other UPL calculation data	Non State Cout
	provider category for UPL calculation basis for UPL calculation	Non-State Govt.  DRG differential
	DRG differential adjustment rate	1.123583
	maximum annual payments (at DRG differential)	533,440
33	maximum annual payments (at DNG unferential)	333,440
	maximum annual payments	533,440
	facility specific UPL amount	58,673
36	racinty specific of Lamount	36,073
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(702)
	allocation of supplemental payments	(27,455)
	total aggregate limit adjustments	(28,157)
41	total app. Space illine adjustification	(23,137)
	UPL amount after aggregate limit adjustments - ADJUSTED	30,516
	Original payment made in FY 2014	15,771
	difference	14,745
-	Intergovernmental transfer amount	5,024
	Net funds amount	9,721

	Facility Name	University Hospital
1	Medicaid Provider ID	000001977A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	0
8		
-	Medicaid inpatient claims paid at amount > 0:	
	covered charges	42,786,660
	payments for services	12,906,920
	annual covered charges	42,786,660
	annual payments for services	12,906,920
14		
	Medicare inpatient CCR	0.311
16		
<b>—</b>	annual cost of services (max CCR=1.0)	13,291,016
18		
	adjustment factor	
	inflation	1.0438
21		
<b>—</b>	adjusted annual charges	44,661,144
$\vdash$	adjusted Medicaid payments for services	13,472,372
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	13,472,372
	adjusted cost of services	13,873,295
27		
	other UPL calculation data	N 51 1 5 1
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
	maximum annual payments (at DRG differential)	15,137,330
33	manufacture control to some control	15 127 220
	maximum annual payments	15,137,330
	facility specific UPL amount	1,664,958
36	aggregate limit adjustments	
		(10.013)
	allocation of UPL amounts < 0 allocation of supplemental payments	(19,912)
_	total aggregate limit adjustments	(779,105) (799,017)
	totai aggregate iiiiit aujustiileiits	(799,017)
41	UPL amount after aggregate limit adjustments - ADJUSTED	0CE 041
		865,941
	Original payment made in FY 2014 difference	447,534
	Intergovernmental transfer amount	142,551
	Net funds amount	275,856
40	ואכנ ועוועט מוווטעוונ	2/3,856

	Facility Name	University Hospital McDuffie
	Medicaid Provider ID	000001185A
2	base period report period beginning date	10/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.3358
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	778,282
	payments for services	414,917
	annual covered charges	1,039,603
13	annual payments for services	554,232
14		
15	Medicare inpatient CCR	0.518
16		
17	annual cost of services (max CCR=1.0)	538,652
18		
19	adjustment factor	
20	inflation	1.0343
21		
22	adjusted annual charges	1,075,288
23	adjusted Medicaid payments for services	573,257
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	573,257
26	adjusted cost of services	557,142
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	644,102
33		
34	maximum annual payments	644,102
35	facility specific UPL amount	70,845
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(847)
	allocation of supplemental payments	(33,152)
40	total aggregate limit adjustments	(33,999)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	36,846
43	Original payment made in FY 2014	19,043
44	difference	17,803
	Intergovernmental transfer amount	6,065
46	Net funds amount	11,738

	Facility Name	Upson Regional Medical Center
1	Medicaid Provider ID	000001988A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	9,221,622
11	payments for services	3,810,471
12	annual covered charges	9,221,622
13	annual payments for services	3,810,471
14		
15	Medicare inpatient CCR	0.364
16		
17	annual cost of services (max CCR=1.0)	3,358,461
18		
19	adjustment factor	
20	inflation	1.0438
21		
22	adjusted annual charges	9,625,621
23	adjusted Medicaid payments for services	3,977,408
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,977,408
26	adjusted cost of services	3,505,595
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,468,949
33		
34	maximum annual payments	4,468,949
35	facility specific UPL amount	491,541
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(5,879)
39	allocation of supplemental payments	(230,013)
40	total aggregate limit adjustments	(235,892)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	255,649
43	Original payment made in FY 2014	132,124
44	difference	123,525
45	Intergovernmental transfer amount	42,085
46	Net funds amount	81,440

	Facility Name	Washington County Regional Medical Center
1	Medicaid Provider ID	000001218A
2	base period report period beginning date	09/01/10
3	base period report period ending date	08/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL status (4	
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	2.074.500
	covered charges	2,071,562
	payments for services	1,041,378
12	annual covered charges	2,071,562
13	annual payments for services	1,041,378
15	Medicare inpatient CCR	0.465
16		
17	annual cost of services (max CCR=1.0)	962,876
18	,	,
19	adjustment factor	
20	inflation	1.0628
21		
22	adjusted annual charges	2,201,571
23	adjusted Medicaid payments for services	1,106,734
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,106,734
26	adjusted cost of services	1,023,305
27	-	
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,243,508
33		
34	maximum annual payments	1,243,508
35	facility specific UPL amount	136,774
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(1,636)
39	allocation of supplemental payments	(64,002)
40	total aggregate limit adjustments	(65,638)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	71,136
43	Original payment made in FY 2014	36,764
44	difference	34,372
45	Intergovernmental transfer amount	11,711
46	Net funds amount	22,661

	Facility Name	Wayne Memorial Hospital
1	Medicaid Provider ID	000002054A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8	Madicald innations claims said at amount > 0.	
9	Medicaid inpatient claims paid at amount > 0:	4 607 040
	covered charges	4,607,949
	payments for services	1,830,552
12	annual covered charges	4,607,949
13	annual payments for services	1,830,552
15	Medicare inpatient CCR	0.443
16	Medicare inpatient con	0.443
17	annual cost of services (max CCR=1.0)	2,042,432
18	allitual cost of services (max ccn-1.0)	2,042,432
19	adjustment factor	
20	inflation	1.0343
21	imation	1.0343
22	adjusted annual charges	4,766,121
23	adjusted Medicaid payments for services	1,893,388
24	supplemental rate adjustment payments	1,033,300
25	total adjusted Medicaid payments	1,893,388
26	adjusted cost of services	2,112,541
27	adjusted cost of services	2,112,3 11
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,127,379
33		
34	maximum annual payments	2,127,379
35	facility specific UPL amount	233,991
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(2,798)
39	allocation of supplemental payments	(109,495)
40	total aggregate limit adjustments	(112,293)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	121,698
43	Original payment made in FY 2014	62,896
44	difference	58,802
45	Intergovernmental transfer amount	20,034
46	Net funds amount	38,768

	Facility Name	WellStar Cobb Hospital
1	Medicaid Provider ID	000000426A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	67,684,652
	payments for services	19,288,992
	annual covered charges	67,684,652
	annual payments for services	19,288,992
14	A. I	0.277
15	Medicare inpatient CCR	0.277
16		10 ==0 ==0
17	annual cost of services (max CCR=1.0)	18,759,573
18		
	adjustment factor	4 00 40
-	inflation	1.0343
21		70.007.005
-	adjusted annual charges	70,007,995
23	adjusted Medicaid payments for services	19,951,106
	supplemental rate adjustment payments	10.051.106
-	total adjusted Medicaid payments	19,951,106
26	adjusted cost of services	19,403,514
27	ather UDL coloridation date	
	other UPL calculation data	Non State Cout
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	22,416,726
33	i	22.416.726
34	maximum annual payments	22,416,726
35	facility specific UPL amount	2,465,620
36	aggregate limit adjustments	
37 38	aggregate limit adjustments	(20.407)
	allocation of UPL amounts < 0 allocation of supplemental payments	(29,487)
	total aggregate limit adjustments	(1,153,770)
40	total aggregate illilit aujustillerits	(1,183,257)
41	UPL amount after aggregate limit adjustments - ADJUSTED	1 101 161
		1,282,363
43	Original payment made in FY 2014 difference	662,749
	Intergovernmental transfer amount	619,614
	Net funds amount	211,102 408,512
40	ואפנ ועוועט מוווטעוונ	408,512

	Facility Name	Wellstar Douglas Hospital
	Medicaid Provider ID	00000624A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	21,037,836
	payments for services	6,072,408
	annual covered charges	21,037,836
13	annual payments for services	6,072,408
14		
15	Medicare inpatient CCR	0.253
16		
17	annual cost of services (max CCR=1.0)	5,323,298
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	21,759,981
23	adjusted Medicaid payments for services	6,280,849
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,280,849
26	adjusted cost of services	5,506,026
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	7,057,056
33		
34	maximum annual payments	7,057,056
35	facility specific UPL amount	776,207
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(9,283)
39	allocation of supplemental payments	(363,221)
40	total aggregate limit adjustments	(372,504)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	403,703
43	Original payment made in FY 2014	208,641
44	difference	195,062
	Intergovernmental transfer amount	66,458
46	Net funds amount	128,604

	Facility Name	WellStar Kennestone Hospital
1	Medicaid Provider ID	000001119A
2	base period report period beginning date	10/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.3358
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	68,953,040
	payments for services	19,228,186
	annual covered charges	92,105,156
	annual payments for services	25,684,365
14		0.000
15	Medicare inpatient CCR	0.278
16		25.614.407
17	annual cost of services (max CCR=1.0)	25,641,407
18		
-	adjustment factor	4.0040
	inflation	1.0343
21		05.266.750
	adjusted annual charges	95,266,758
23	adjusted Medicaid payments for services	26,566,007
	supplemental rate adjustment payments	26.566.007
	total adjusted Medicaid payments	26,566,007
26	adjusted cost of services	26,521,574
27	ath an LIDL and address where	
	other UPL calculation data	Non State Cost
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	29,849,118
33	maximum annual nauments	20.040.440
34	maximum annual payments	29,849,118
35	facility specific UPL amount	3,283,111
36	aggregate limit adjustments	
37		(20.264)
	allocation of UPL amounts < 0 allocation of supplemental payments	(39,264)
	total aggregate limit adjustments	(1,536,309)
40	totai aggregate iiiiit aujustiiieiits	(1,575,573)
41	UPL amount after aggregate limit adjustments - ADJUSTED	1 707 520
		1,707,538
43	Original payment made in FY 2014 difference	882,487
		825,051
	Intergovernmental transfer amount  Net funds amount	281,095
46	ואפנ ועוועט מוווטעוונ	543,956

	Facility Name	WellStar Paulding Hospital
-	Medicaid Provider ID	000001438A
	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
<b>-</b>	CAH status (1 = yes)	0
8		
<b>-</b>	Medicaid inpatient claims paid at amount > 0:	0.000.400
	covered charges	3,880,180
	payments for services	1,185,116
	annual covered charges	3,880,180
	annual payments for services	1,185,116
14	Madiana investigat CCD	0.216
H	Medicare inpatient CCR	0.316
16	annual and of annian (may CCD 4.0)	4 227 602
	annual cost of services (max CCR=1.0)	1,227,602
18	a diversion a set for a to se	
	adjustment factor	1.0242
	inflation	1.0343
21	adinated against about a	4.012.271
	adjusted annual charges	4,013,371
-	adjusted Medicaid payments for services	1,225,796
<b></b>	supplemental rate adjustment payments	1 225 706
	total adjusted Medicaid payments	1,225,796
26 27	adjusted cost of services	1,269,741
<b></b>	other LIDI calculation data	
	other UPL calculation data	Non State Cout
	provider category for UPL calculation basis for UPL calculation	Non-State Govt.  DRG differential
	DRG differential adjustment rate	1.123583
-	maximum annual payments (at DRG differential)	1,377,284
33	maximum annual payments (at DNG unreferitial)	1,377,204
	maximum annual payments	1,377,284
l .	facility specific UPL amount	151,488
36	received of Edinounic	131,400
	aggregate limit adjustments	
l 1	allocation of UPL amounts < 0	(1,812)
	allocation of supplemental payments	(70,888)
<b>-</b>	total aggregate limit adjustments	(72,700)
41		(,2,,00)
	UPL amount after aggregate limit adjustments - ADJUSTED	78,788
	Original payment made in FY 2014	40,719
-	difference	38,069
	Intergovernmental transfer amount	12,970
<b>+</b> )		1 12,370

	Facility Name	WellStar Windy Hill Hospital
1	Medicaid Provider ID	000001999A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6	CALL - 1.4	
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	4,464,371
	payments for services	904,984
	annual covered charges	4,464,371
	annual payments for services	904,984
14		0.200
15	Medicare inpatient CCR	0.388
16		4 700 040
17	annual cost of services (max CCR=1.0)	1,733,313
18		
	adjustment factor	1 00 10
	inflation	1.0343
21		4 647 645
-	adjusted annual charges	4,617,615
23	adjusted Medicaid payments for services	936,048
	supplemental rate adjustment payments	0
-	total adjusted Medicaid payments	936,048
26	adjusted cost of services	1,792,811
27	ath an LIDI and sulption date	
	other UPL calculation data	Non-State Cont
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33	maximum annual naumente	4 702 044
34	maximum annual payments	1,792,811
35	facility specific UPL amount	856,763
36	aggregate limit adjustments	
37 38	aggregate limit adjustments allocation of UPL amounts < 0	(10.246)
	allocation of OPL amounts < 0 allocation of supplemental payments	(10,246)
	total aggregate limit adjustments	(400,916) (411,162)
	total aggregate illilit aujustillelits	(411,162)
41	UPL amount after aggregate limit adjustments - ADJUSTED	14E CO1
		445,601
43	Original payment made in FY 2014 difference	230,295
	Intergovernmental transfer amount	215,306
	Net funds amount	73,355 141,951
40	ואבנ ועוועט מוווטעוונ	141,951

	Facility Name	West Georgia Health Systems, Inc.
1	Medicaid Provider ID	000002065A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8	Andicaiding stight deigns said at any such a	
9	Medicaid inpatient claims paid at amount > 0:	10.500.205
10	covered charges	10,608,396
11	payments for services	4,168,507
12	annual covered charges	10,608,396
13	annual payments for services	4,168,507
14 15	Modicare innationt CCP	0.379
16	Medicare inpatient CCR	0.579
	annual cost of comises (may CCD-1.0)	4.017.257
17	annual cost of services (max CCR=1.0)	4,017,357
19	adjustment factor	
20	inflation	1.0573
21	IIIIation	1.03/3
22	adjusted annual charges	11,216,002
23	adjusted Medicaid payments for services	4,407,262
24	supplemental rate adjustment payments	1,407,202
25	total adjusted Medicaid payments	4,407,262
26	adjusted cost of services	4,247,455
27	aujusted cost of services	4,247,433
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,951,925
33	(4.2.1.2.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.	1,000,000
34	maximum annual payments	4,951,925
35	facility specific UPL amount	544,663
36		111,000
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(6,514)
39	allocation of supplemental payments	(254,871)
40	total aggregate limit adjustments	(261,385)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	283,278
43	Original payment made in FY 2014	146,403
44	difference	136,875
45	Intergovernmental transfer amount	46,633
46	Net funds amount	90,242

1 Mi 2 ba 3 ba 4 5 ad 6 7 CA 8 9 Mi 10 co 11 pa 12 an 13 an	acility Name  Idedicaid Provider ID  ase period report period beginning date  ase period report period ending date  djustment factor (if period not equal to 1 year)  AH status (1 = yes)  Idedicaid inpatient claims paid at amount > 0:  overed charges  ayments for services  nnual covered charges  nnual payments for services  Idedicare inpatient CCR	Bacon County Hospital  000000118A  07/01/11  06/30/12  1.0000  1  1,364,214  441,558  1,364,214  441,558
1 Mi 2 ba 3 ba 4 5 ad 6 7 CA 8 9 Mi 10 co 11 pa 12 an 13 an	AH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  Devered charges  Ayments for services  Innual payments for services	000000118A 07/01/11 06/30/12 1.0000 1 1,364,214 441,558 1,364,214 441,558
2 ba 3 ba 4 5 ad 6 7 CA 8 9 M 10 co 11 pa 12 an 13 an	ase period report period beginning date ase period report period ending date  djustment factor (if period not equal to 1 year)  AH status (1 = yes)  dedicaid inpatient claims paid at amount > 0:  overed charges ayments for services annual covered charges annual payments for services	07/01/11 06/30/12 1.0000 1 1,364,214 441,558 1,364,214 441,558
3 ba 4 5 ad 6 7 CA 8 9 M 10 co 11 pa 12 an 13 an	ase period report period ending date  djustment factor (if period not equal to 1 year)  AH status (1 = yes)  dedicaid inpatient claims paid at amount > 0:  overed charges ayments for services noual covered charges noual payments for services	1,364,214 441,558 1,364,214 441,558
4 5 ad 6 7 CA 8 9 M 10 co 11 pa 12 an 13 an 14	djustment factor (if period not equal to 1 year)  AH status (1 = yes)  Iedicaid inpatient claims paid at amount > 0:  overed charges  ayments for services  nnual covered charges  nnual payments for services	1.0000 1 1,364,214 441,558 1,364,214 441,558
5 ad 6 7 CA 8 9 M 10 co 11 pa 12 an 13 an	AH status (1 = yes)  Iedicaid inpatient claims paid at amount > 0:  overed charges  ayments for services  nnual covered charges  nnual payments for services	1,364,214 441,558 1,364,214 441,558
6 7 CA 8 9 MM 10 co 11 pa 12 an 13 an 14	AH status (1 = yes)  Iedicaid inpatient claims paid at amount > 0:  overed charges  ayments for services  nnual covered charges  nnual payments for services	1,364,214 441,558 1,364,214 441,558
7 CA 8 9 M 10 co 11 pa 12 an 13 an	nedicaid inpatient claims paid at amount > 0:  overed charges  ayments for services  nnual covered charges  nnual payments for services	1,364,214 441,558 1,364,214 441,558
8 9 <u>M</u> 10 co 11 pa 12 an 13 an 14	nedicaid inpatient claims paid at amount > 0:  overed charges  ayments for services  nnual covered charges  nnual payments for services	1,364,214 441,558 1,364,214 441,558
9 <u>M</u> 10 co 11 pa 12 an 13 an	overed charges ayments for services nnual covered charges nnual payments for services	441,558 1,364,214 441,558
10 co 11 pa 12 an 13 an 14	overed charges ayments for services nnual covered charges nnual payments for services	441,558 1,364,214 441,558
11 pa 12 an 13 an 14	ayments for services nnual covered charges nnual payments for services	441,558 1,364,214 441,558
12 an 13 an 14	nnual covered charges nnual payments for services	1,364,214 441,558
13 an 14	nnual payments for services	441,558
14		·
	ledicare inpatient CCR	0.495
1 12 11/1	ledicare inpatient CCR	0.495
16	constant of a missa (way CCD, 4.0)	675.606
	nnual cost of services (max CCR=1.0)	675,696
18	distribution and facilities	
	djustment factor	4.0242
	flation	1.0343
21	divisted annual charges	1 411 042
	djusted annual charges	1,411,042
	djusted Medicaid payments for services	456,715
<del></del>	upplemental rate adjustment payments	0
	otal adjusted Medicaid payments	456,715
26 ad	djusted cost of services	698,890
	ther LIDL calculation data	
	ther UPL calculation data	Non State Cout
	rovider category for UPL calculation asis for UPL calculation	Non-State Govt.
	RG differential adjustment rate	0.000000
<b></b>	naximum annual payments (at DRG differential)	0.000000
33	daximum annual payments (at DNG umerential)	0
	naximum annual payments	698,890
	ncility specific UPL amount	242,175
36	icincy specific of Lamount	242,173
	ggregate limit adjustments	+
	location of UPL amounts < 0	(2,896)
	location of Supplemental payments	(113,324)
<b>.</b>	otal aggregate limit adjustments	(116,220)
41	× × × × × × × × × × × × × × × × × × ×	(110,220)
	PL amount after aggregate limit adjustments - ADJUSTED	125,955
	riginal payment made in FY 2014	65,096
	ifference	60,859
	Itergovernmental transfer amount	00,835
l — — — —	et funds amount	60,859

	Facility Name	Bleckley Memorial Hospital
	Medicaid Provider ID	000000195A
	base period report period beginning date	04/01/11
3	base period report period ending date	03/31/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	216,342
	payments for services	184,950
	annual covered charges	216,342
	annual payments for services	184,950
14		
15	Medicare inpatient CCR	0.967
16		
17	annual cost of services (max CCR=1.0)	209,253
18		
	adjustment factor	
-	inflation	1.0322
21		
22	adjusted annual charges	223,317
23	adjusted Medicaid payments for services	190,913
	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	190,913
26	adjusted cost of services	216,000
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	216,000
35	facility specific UPL amount	25,087
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(300)
	allocation of supplemental payments	(11,739)
40	total aggregate limit adjustments	(12,039)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	13,048
43	Original payment made in FY 2014	6,743
	difference	6,305
	Intergovernmental transfer amount	0
46	Net funds amount	6,305

	Facility Name	Brooks County Hospital
1	Medicaid Provider ID	00000239A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	409,495
11	payments for services	169,536
12	annual covered charges	409,495
13	annual payments for services	169,536
14		
15	Medicare inpatient CCR	0.375
16		
17	annual cost of services (max CCR=1.0)	153,655
18		
19	adjustment factor	
20	inflation	1.0573
21		
22	adjusted annual charges	432,949
23	adjusted Medicaid payments for services	179,246
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	179,246
26	adjusted cost of services	162,456
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	162,456
35	facility specific UPL amount	(16,790)
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	16,790
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	16,790
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

	Facility Name	Candler County Hospital
	Medicaid Provider ID	00000316A
	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	907,054
	payments for services	514,153
	annual covered charges	907,054
13	annual payments for services	514,153
14		
15	Medicare inpatient CCR	0.483
16		
17	annual cost of services (max CCR=1.0)	438,455
18		
19	adjustment factor	
20	inflation	1.0438
21		
22	adjusted annual charges	946,792
23	adjusted Medicaid payments for services	536,678
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	536,678
26	adjusted cost of services	457,664
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	457,664
35	facility specific UPL amount	(79,014)
36		
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	79,014
-	allocation of supplemental payments	0
40	total aggregate limit adjustments	79,014
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	0
43	Original payment made in FY 2014	0
44	difference	0
	Intergovernmental transfer amount	0
46	Net funds amount	0

	Facility Name	Charlton Memorial Hospital
1	Medicaid Provider ID	00000338A
	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	65,090
	payments for services	69,975
	annual covered charges	65,090
	annual payments for services	69,975
14		0.700
	Medicare inpatient CCR	0.700
16		
	annual cost of services (max CCR=1.0)	45,556
18		
	adjustment factor	1.0010
	inflation	1.0343
21		67.224
	adjusted annual charges	67,324
	adjusted Medicaid payments for services	72,377
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	72,377
	adjusted cost of services	47,120
27	ath an LIDI, as leadath an alst-	
	other UPL calculation data	Non State Court
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
	maximum annual payments (at DRG differential)	0
33		47.120
	maximum annual payments	47,120
	facility specific UPL amount	(25,257)
36	aggregate limit adjustments	
	aggregate limit adjustments	25.252
	allocation of UPL amounts < 0	25,257
	allocation of supplemental payments	25 257
	total aggregate limit adjustments	25,257
41	UPL amount after aggregate limit adjustments - ADJUSTED	0
		0
	Original payment made in FY 2014 difference	0
		_
	Intergovernmental transfer amount  Net funds amount	0
40	ואכנ ועוועט מוווטעוונ	0

	Facility Name	Chatuge Regional Hospital
	Medicaid Provider ID	000001933A
	base period report period beginning date	05/01/11
3	base period report period ending date	04/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	57,717
	payments for services	29,022
	annual covered charges	57,717
13	annual payments for services	29,022
14		
15	Medicare inpatient CCR	0.608
16		
17	annual cost of services (max CCR=1.0)	35,120
18		
19	adjustment factor	
20	inflation	1.0329
21		
22	adjusted annual charges	59,618
23	adjusted Medicaid payments for services	29,978
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	29,978
26	adjusted cost of services	36,277
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	36,277
35	facility specific UPL amount	6,299
36		
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	(75)
	allocation of supplemental payments	(2,948)
40	total aggregate limit adjustments	(3,023)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	3,276
43	Original payment made in FY 2014	1,693
44	difference	1,583
	Intergovernmental transfer amount	0
46	Net funds amount	1,583

	Facility Name	Clinch Memorial Hospital
	Medicaid Provider ID	000000415A
	base period report period beginning date	07/01/11
	base period report period ending date	06/30/12
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	1
8		
-	Medicaid inpatient claims paid at amount > 0:	
	covered charges	114,748
	payments for services	76,930
	annual covered charges	114,748
	annual payments for services	76,930
14		
	Medicare inpatient CCR	1.000
16		
<b>—</b>	annual cost of services (max CCR=1.0)	114,748
18		
	adjustment factor	1.0040
	inflation	1.0343
21		440.607
	adjusted annual charges	118,687
$\vdash$	adjusted Medicaid payments for services	79,571
$\vdash$	supplemental rate adjustment payments	0
$\vdash$	total adjusted Medicaid payments	79,571
	adjusted cost of services	118,687
27	ather LIDL calculation data	
	other UPL calculation data	Non State Cout
_	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation  DRG differential adjustment rate	cost
	maximum annual payments (at DRG differential)	0.000000
33	maximum annual payments (at DNO unferential)	0
	maximum annual payments	118,687
	facility specific UPL amount	39,116
36	racincy specific of Lamount	39,110
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(468)
	allocation of supplemental payments	(18,304)
_	total aggregate limit adjustments	(18,772)
41	2013. 200. 25412 44,451	(10,772)
	UPL amount after aggregate limit adjustments - ADJUSTED	20,344
	Original payment made in FY 2014	10,514
	difference	9,830
	Intergovernmental transfer amount	0
	Net funds amount	9,830

	Facility Name	Effingham Hospital
1	Medicaid Provider ID	000000657A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	52,883
11	payments for services	29,834
12	annual covered charges	52,883
13	annual payments for services	29,834
14		
15	Medicare inpatient CCR	0.467
16		
17	annual cost of services (max CCR=1.0)	24,678
18		
19	adjustment factor	
20	inflation	1.0343
21		
22	adjusted annual charges	54,698
23	adjusted Medicaid payments for services	30,858
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	30,858
26	adjusted cost of services	25,525
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	25,525
35	facility specific UPL amount	(5,333)
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	5,333
	allocation of supplemental payments	0
40	total aggregate limit adjustments	5,333
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	0
43	Original payment made in FY 2014	0
44	difference	0
	Intergovernmental transfer amount	0
46	Net funds amount	0

	Facility Name	Higgins General Hospital
	Medicaid Provider ID	00000954A
	base period report period beginning date	07/01/11
	base period report period ending date	06/30/12
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6	200	
	CAH status (1 = yes)	1
8	Madissid investigat chius said st sessuat C	
	Medicaid inpatient claims paid at amount > 0:	1 251 576
	covered charges	1,251,576
	payments for services	452,885
	annual covered charges	1,251,576
13 14	annual payments for services	452,885
	Medicare inpatient CCR	0.483
16	Wiedicare impatient CCK	0.483
_	annual cost of services (max CCR=1.0)	605,114
18	allitual cost of services (max ccn-1.0)	603,114
_	adjustment factor	
	inflation	1.0343
21	milation	1.0543
	adjusted annual charges	1,294,538
$\vdash$	adjusted Medicaid payments for services	468,431
$\vdash$	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	468,431
$\vdash$	adjusted cost of services	625,885
27		025,683
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
	maximum annual payments (at DRG differential)	0
33	, , , , , , , , , , , , , , , , , , , ,	
34	maximum annual payments	625,885
35	facility specific UPL amount	157,454
36		
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	(1,883)
39	allocation of supplemental payments	(73,680)
40	total aggregate limit adjustments	(75,563)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	81,891
43	Original payment made in FY 2014	42,323
44	difference	39,568
45	Intergovernmental transfer amount	0
46	Net funds amount	39,568

	Facility Name	Jasper Memorial Hospital
1	Medicaid Provider ID	00000998A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	13,041
11	payments for services	10,142
12	annual covered charges	13,041
13	annual payments for services	10,142
14		
15	Medicare inpatient CCR	0.984
16		
17	annual cost of services (max CCR=1.0)	12,826
18		
19	adjustment factor	
20	inflation	1.0573
21		
22	adjusted annual charges	13,788
23	adjusted Medicaid payments for services	10,723
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	10,723
26	adjusted cost of services	13,561
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	13,561
35	facility specific UPL amount	2,838
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(34)
39	allocation of supplemental payments	(1,328)
40	total aggregate limit adjustments	(1,362)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	1,476
43	Original payment made in FY 2014	763
44	difference	713
45	Intergovernmental transfer amount	0
46	Net funds amount	713

	Facility Name	Jeff Davis Hospital
1	Medicaid Provider ID	000001009A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
<b>-</b>	CAH status (1 = yes)	1
8		
<b>-</b>	Medicaid inpatient claims paid at amount > 0:	
	covered charges	1,268,656
	payments for services	475,034
	annual covered charges	1,268,656
	annual payments for services	475,034
14		0.004
h +	Medicare inpatient CCR	0.381
16		100.004
+	annual cost of services (max CCR=1.0)	483,981
18		
	adjustment factor	4.0572
	inflation	1.0573
21	adicated accordate accord	4 244 220
	adjusted annual charges	1,341,320
-	adjusted Medicaid payments for services	502,242
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	502,242
26 27	adjusted cost of services	511,701
<b></b>	ather LIDL calculation data	
	other UPL calculation data	Non State Court
	provider category for UPL calculation basis for UPL calculation	Non-State Govt.
	DRG differential adjustment rate	cost 0.000000
<b>-</b>	maximum annual payments (at DRG differential)	0.000000
33	maximum annual payments (at DNO unferential)	
	maximum annual payments	511,701
l .	facility specific UPL amount	9,459
36	racinty specific of Earnount	3,433
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(113)
	allocation of supplemental payments	(4,426)
	total aggregate limit adjustments	(4,539)
41	2013. 200. 25412 44,451	(4,555)
	UPL amount after aggregate limit adjustments - ADJUSTED	4,920
	Original payment made in FY 2014	2,543
-	difference	2,377
	Intergovernmental transfer amount	0
		ı

	Facility Name	Liberty Regional Medical Center
	Medicaid Provider ID	000001152A
	base period report period beginning date	12/01/10
3	base period report period ending date	11/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	2,697,580
	payments for services	809,619
	annual covered charges	2,697,580
	annual payments for services	809,619
14		
15	Medicare inpatient CCR	0.310
16		
17	annual cost of services (max CCR=1.0)	837,325
18		
	adjustment factor	
	inflation	1.0483
21		0.007.750
	adjusted annual charges	2,827,768
23	adjusted Medicaid payments for services	848,692
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	848,692
26	adjusted cost of services	877,735
27	ath an LIDI, as leadath an alst-	
	other UPL calculation data	Non State Cont
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
	maximum annual payments (at DRG differential)	0
33	maximum annual nayments	877,735
	maximum annual payments facility specific UPL amount	· ·
35 36	racinty specific OFL amount	29,043
37	aggregate limit adjustments	
38	aggregate limit adjustments allocation of UPL amounts < 0	(347)
	allocation of supplemental payments	(13,591)
-	total aggregate limit adjustments	(13,938)
41	total applegate milit adjustments	(13,930)
41	UPL amount after aggregate limit adjustments - ADJUSTED	15,105
43	Original payment made in FY 2014	7,807
	difference	7,807
	Intergovernmental transfer amount	7,298
	Net funds amount	
40	ivet runus amount	7,298

	Facility Name	Louis Smith Memorial Hospital
	Medicaid Provider ID	000001163A
	base period report period beginning date	10/01/10
	base period report period ending date	09/30/11
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	295,260
	payments for services	130,326
	annual covered charges	295,260
	annual payments for services	130,326
14		
	Medicare inpatient CCR	0.546
16		
	annual cost of services (max CCR=1.0)	161,166
18		
	adjustment factor	
	inflation	1.0573
21		
	adjusted annual charges	312,171
	adjusted Medicaid payments for services	137,791
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	137,791
	adjusted cost of services	170,397
27	ath an LIDI, as leadath an alst-	
	other UPL calculation data	Non State Court
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
	maximum annual payments (at DRG differential)	0
33	mayimum annual naumants	170 207
	maximum annual payments	170,397
	facility specific UPL amount	32,606
36 37	aggregate limit adjustments	
	aggregate limit adjustments allocation of UPL amounts < 0	(390)
	allocation of supplemental payments	(15,258)
	total aggregate limit adjustments	(15,648)
40	total applegate milit adjustments	(13,046)
	UPL amount after aggregate limit adjustments - ADJUSTED	16,958
	Original payment made in FY 2014	8,764
	difference	8,194
	Intergovernmental transfer amount	0,194
	Net funds amount	_
40	ivec runus amount	8,194

	Facility Name	Miller County Hospital
	Medicaid Provider ID	000001317A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	623,373
	payments for services	335,360
	annual covered charges	623,373
13	annual payments for services	335,360
14		
15	Medicare inpatient CCR	0.521
16		
17	annual cost of services (max CCR=1.0)	324,964
18		
19	adjustment factor	
20	inflation	1.0343
21		
	adjusted annual charges	644,771
23	adjusted Medicaid payments for services	346,872
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	346,872
26	adjusted cost of services	336,119
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	336,119
	facility specific UPL amount	(10,753)
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	10,753
	allocation of supplemental payments	0
	total aggregate limit adjustments	10,753
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	0
43	Original payment made in FY 2014	0
	difference	0
	Intergovernmental transfer amount	0
46	Net funds amount	0

	Facility Name	Mitchell County Hospital
	Medicaid Provider ID	000001339A
	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	293,042
	payments for services	147,283
	annual covered charges	293,042
13	annual payments for services	147,283
14		
15	Medicare inpatient CCR	0.398
16		
17	annual cost of services (max CCR=1.0)	116,736
18		
19	adjustment factor	
20	inflation	1.0573
21		
22	adjusted annual charges	309,826
23	adjusted Medicaid payments for services	155,719
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	155,719
26	adjusted cost of services	123,422
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	123,422
35	facility specific UPL amount	(32,297)
36		
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	32,297
	allocation of supplemental payments	0
40	total aggregate limit adjustments	32,297
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	0
43	Original payment made in FY 2014	0
44	difference	0
	Intergovernmental transfer amount	0
46	Net funds amount	0

	Facility Name	Monroe County Hospital
	Medicaid Provider ID	000001361A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	195,235
	payments for services	110,586
	annual covered charges	195,235
13	annual payments for services	110,586
14		
15	Medicare inpatient CCR	0.826
16		
17	annual cost of services (max CCR=1.0)	161,286
18		
19	adjustment factor	
20	inflation	1.0573
21		
22	adjusted annual charges	206,417
23	adjusted Medicaid payments for services	116,920
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	116,920
26	adjusted cost of services	170,524
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	170,524
35	facility specific UPL amount	53,604
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(641)
39	allocation of supplemental payments	(25,084)
40	total aggregate limit adjustments	(25,725)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	27,879
43	Original payment made in FY 2014	14,409
44	difference	13,470
45	Intergovernmental transfer amount	0
46	Net funds amount	13,470

	Facility Name	Morgan Memorial Hospital
1	Medicaid Provider ID	000694229A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	28,465
11	payments for services	20,009
12	annual covered charges	28,465
13	annual payments for services	20,009
14		
15	Medicare inpatient CCR	0.671
16		
17	annual cost of services (max CCR=1.0)	19,091
18		
19	adjustment factor	
20	inflation	1.0343
21		
22	adjusted annual charges	29,442
23	adjusted Medicaid payments for services	20,696
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	20,696
26	adjusted cost of services	19,746
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	19,746
35	facility specific UPL amount	(950)
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	950
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	950
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

	Facility Name	Peach Regional Medical Center
	Medicaid Provider ID	000001449A
	base period report period beginning date	11/01/10
	base period report period ending date	10/31/11
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	575,469
	payments for services	389,425
	annual covered charges	575,469
	annual payments for services	389,425
14		
	Medicare inpatient CCR	0.744
16		
	annual cost of services (max CCR=1.0)	427,939
18		
	adjustment factor	
	inflation	1.0527
21		505.004
	adjusted annual charges	605,824
	adjusted Medicaid payments for services	409,967
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	409,967
	adjusted cost of services	450,512
27	ath an LIDI, as leadath an alst-	
	other UPL calculation data	Non State Cont
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
	maximum annual payments (at DRG differential)	0
33 34	maximum annual naumonts	4F0 F12
	maximum annual payments	450,512
35 36	facility specific UPL amount	40,545
	aggregate limit adjustments	
	aggregate limit adjustments allocation of UPL amounts < 0	(485)
	allocation of supplemental payments	(18,973)
	total aggregate limit adjustments	(19,458)
40	total applegate milit adjustments	(15,436)
	UPL amount after aggregate limit adjustments - ADJUSTED	21,087
	Original payment made in FY 2014	10,898
	difference	10,189
	Intergovernmental transfer amount	10,189
	Net funds amount	10,189
40	ivet runus amount	10,169

		Pioneer Community Hospital of
	Facility Name	Early
1	Medicaid Provider ID	00000635A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	173,450
	payments for services	103,777
	annual covered charges	173,450
	annual payments for services	103,777
14		
15	Medicare inpatient CCR	0.814
16		
17	annual cost of services (max CCR=1.0)	141,172
18		
	adjustment factor	
-	inflation	1.0573
21		
-	adjusted annual charges	183,385
23	adjusted Medicaid payments for services	109,721
	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	109,721
26	adjusted cost of services	149,258
27		
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	149,258
35	facility specific UPL amount	39,537
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(473)
	allocation of supplemental payments	(18,501)
40	total aggregate limit adjustments	(18,974)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	20,563
43	Original payment made in FY 2014	10,627
44	difference	9,936
	Intergovernmental transfer amount	0
46	Net funds amount	9,936

	Facility Name	Polk Medical Center
	Medicaid Provider ID	000001526A
	base period report period beginning date	10/01/11
3	base period report period ending date	06/30/12
4		
	adjustment factor (if period not equal to 1 year)	1.3358
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	42,005
	payments for services	20,705
	annual covered charges	56,109
	annual payments for services	27,657
14		1.000
	Medicare inpatient CCR	1.000
16		55.100
	annual cost of services (max CCR=1.0)	56,109
18		
	adjustment factor	4 00 40
	inflation	1.0343
21		50.035
	adjusted annual charges	58,035
	adjusted Medicaid payments for services	28,606
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	28,606
	adjusted cost of services	58,035
27	ath an LIDI, as leadath an alst-	
	other UPL calculation data	Non State Cout
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
	maximum annual payments (at DRG differential)	0
33		F0.03F
	maximum annual payments	58,035
	facility specific UPL amount	29,429
36	aggragata limit adjustments	
	aggregate limit adjustments	(252)
	allocation of UPL amounts < 0	(352)
	allocation of supplemental payments	(13,771)
	total aggregate limit adjustments	(14,123)
41	UPL amount after aggregate limit adjustments - ADJUSTED	15 300
		15,306
	Original payment made in FY 2014 difference	7,910
		7,396
	Intergovernmental transfer amount  Net funds amount	7 396
40	ivet runus dinount	7,396

	Facility Name	Putnam General Hospital
	Medicaid Provider ID	000001537A
_	base period report period beginning date	10/01/10
	base period report period ending date	09/30/11
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6	2011	
	CAH status (1 = yes)	1
8		
-	Medicaid inpatient claims paid at amount > 0:	
	covered charges	452,524
	payments for services	310,062
	annual covered charges	452,524
	annual payments for services	310,062
14		
	Medicare inpatient CCR	0.864
16		
<b>—</b>	annual cost of services (max CCR=1.0)	390,809
18		
	adjustment factor	
	inflation	1.0573
21		
	adjusted annual charges	478,443
$\vdash$	adjusted Medicaid payments for services	327,821
$\vdash$	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	327,821
	adjusted cost of services	413,193
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	413,193
	facility specific UPL amount	85,372
36		
	aggregate limit adjustments	(4.004)
	allocation of UPL amounts < 0	(1,021)
_	allocation of supplemental payments	(39,949)
	total aggregate limit adjustments	(40,970)
41	LIDI amount often aggreents limit adjustments. ADJUSTED	
	UPL amount after aggregate limit adjustments - ADJUSTED	44,402
	Original payment made in FY 2014	22,948
	difference	21,454
	Intergovernmental transfer amount	0
46	Net funds amount	21,454

	Facility Name	Southwest GA Regional Med. Ctr.
	Medicaid Provider ID	000001427A
	base period report period beginning date	07/01/10
3	base period report period ending date	06/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	345,516
	payments for services	122,435
	annual covered charges	345,516
	annual payments for services	122,435
14		
15	Medicare inpatient CCR	0.462
16		
17	annual cost of services (max CCR=1.0)	159,628
18		
	adjustment factor	
	inflation	1.0739
21		274.040
-	adjusted annual charges	371,049
23	adjusted Medicaid payments for services	131,483
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	131,483
26	adjusted cost of services	171,424
27	ather LIDL calculation data	
28 29	other UPL calculation data	Non State Cout
	provider category for UPL calculation basis for UPL calculation	Non-State Govt.
	DRG differential adjustment rate	cost 0.000000
32	maximum annual payments (at DRG differential)	0.000000
33	maximum annual payments (at DNO unreferitial)	0
34	maximum annual payments	171,424
35	facility specific UPL amount	39,941
36	radincy specific of Earnounc	33,341
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(478)
	allocation of supplemental payments	(18,690)
	total aggregate limit adjustments	(19,168)
41		(13)100)
42	UPL amount after aggregate limit adjustments - ADJUSTED	20,773
43	Original payment made in FY 2014	10,736
	difference	10,037
	Intergovernmental transfer amount	0
	Net funds amount	10,037

	Facility Name	Sylvan Grove Hospital
	Medicaid Provider ID	000001856A
	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	1
8	Adadia-idia artisat daina aridat arrawata O	
	Medicaid inpatient claims paid at amount > 0:	202.407
	covered charges	233,187
	payments for services	64,306
	annual covered charges	233,187
	annual payments for services	64,306
14	Madiana investigat CCD	0.241
	Medicare inpatient CCR	0.241
16	annual and of annian (may CCD 4.0)	FC 114
	annual cost of services (max CCR=1.0)	56,114
18	a dissatura a rat fa ata r	
	adjustment factor	1.0420
	inflation	1.0438
21	adinate de agranal alcagas	242.402
	adjusted annual charges	243,403
	adjusted Medicaid payments for services	67,123
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	67,123
26 27	adjusted cost of services	58,572
	ather LIDI calculation data	
	other UPL calculation data	Non State Cout
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate maximum annual payments (at DRG differential)	0.000000
	maximum annuai payments (at DNG umerentiai)	0
33	maximum annual naumonts	E0 E72
	maximum annual payments facility specific UPL amount	58,572
35 36	Tacility specific OPL amount	(8,551)
	aggregate limit adjustments	
	aggregate limit adjustments allocation of UPL amounts < 0	8,551
	allocation of supplemental payments	0,551
	total aggregate limit adjustments	8,551
41	total aggregate illilit adjustillerits	0,531
	UPL amount after aggregate limit adjustments - ADJUSTED	0
	Original payment made in FY 2014	0
	difference	0
	Intergovernmental transfer amount	0
	Net funds amount	0
40	ivec runus amount	1

	Facility Name	Warm Springs Medical Center
	Medicaid Provider ID	000001284A
	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	78,185
	payments for services	36,340
	annual covered charges	78,185
	annual payments for services	36,340
14		
15	Medicare inpatient CCR	0.785
16		
17	annual cost of services (max CCR=1.0)	61,382
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	81,610
23	adjusted Medicaid payments for services	37,932
	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	37,932
26	adjusted cost of services	64,071
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	64,071
35	facility specific UPL amount	26,139
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(313)
	allocation of supplemental payments	(12,231)
40	total aggregate limit adjustments	(12,544)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	13,595
43	Original payment made in FY 2014	7,026
	difference	6,569
	Intergovernmental transfer amount	0
46	Net funds amount	6,569

	Facility Name	Wills Memorial Hospital
	Medicaid Provider ID	000002087A
	base period report period beginning date	05/01/11
	base period report period ending date	04/30/12
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	324,174
	payments for services	164,264
	annual covered charges	324,174
	annual payments for services	164,264
14		
	Medicare inpatient CCR	0.740
16		
	annual cost of services (max CCR=1.0)	239,789
18		
	adjustment factor	
	inflation	1.0329
21		224.054
	adjusted annual charges	334,851
	adjusted Medicaid payments for services	169,674
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	169,674
	adjusted cost of services	247,687
27	oth or LIDL colordation date	
	other UPL calculation data	Non State Cont
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
	maximum annual payments (at DRG differential)	0
33	mavimum annual nauments	247 607
	maximum annual payments	247,687
	facility specific UPL amount	78,013
36	aggregate limit adjustments	
	aggregate limit adjustments	(022)
	allocation of UPL amounts < 0 allocation of supplemental payments	(933)
		(36,506)
	total aggregate limit adjustments	(37,439)
41 42	UPL amount after aggregate limit adjustments - ADJUSTED	40 574
		40,574
	Original payment made in FY 2014 difference	20,970
		19,604
	Intergovernmental transfer amount  Net funds amount	10.604
46	INEL TUTIOS diffount	19,604

1 M 2 ba 3 ba 4 5 aa 6 7 Ca 8 9 M 10 cc 11 pa 12 ar	acility Name  Medicaid Provider ID  asse period report period beginning date  asse period report period ending date  djustment factor (if period not equal to 1 year)  AH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  overed charges  ayments for services  nnual covered charges	Good Samaritan Hospital 000001328A  01/01/11 12/31/11  1.0000  1 274,042
1 M 2 ba 3 ba 4 5 aa 6 7 Ca 8 9 M 10 cc 11 pa 12 ar	Medicaid Provider ID  ase period report period beginning date  ase period report period ending date  djustment factor (if period not equal to 1 year)  AH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  overed charges  ayments for services	000001328A 01/01/11 12/31/11 1.0000 1 274,042
2 ba 3 ba 4 5 ac 6 7 Ca 8 9 M 10 cc 11 pa 12 ar	disase period report period beginning date  ase period report period ending date  djustment factor (if period not equal to 1 year)  AH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  overed charges ayments for services	01/01/11 12/31/11 1.0000 1 274,042
3 ba 4 5 ac 6 7 C 8 9 M 10 cc 11 pa 12 ar	djustment factor (if period not equal to 1 year)  AH status (1 = yes)  Medicaid inpatient claims paid at amount > 0: overed charges ayments for services	12/31/11 1.0000 1 274,042
4 5 ac 6 7 C 6 8 9 M 10 cc 11 pa 12 ar	djustment factor (if period not equal to 1 year)  AH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  overed charges ayments for services	1.0000
5 ac 6 7 C/ 8 9 M 10 cc 11 pa	AH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  overed charges  ayments for services	274,042
6 7 C 8 9 M 10 cc 11 pa 12 ar	AH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  overed charges  ayments for services	274,042
7 C/8 9 M/10 cc 11 pa 12 ar	Medicaid inpatient claims paid at amount > 0:  overed charges ayments for services	274,042
8 9 <u>M</u> 10 cc 11 pa 12 ar	Medicaid inpatient claims paid at amount > 0:  overed charges ayments for services	274,042
9 M 10 cc 11 pa 12 ar	overed charges ayments for services	
10 co 11 pa 12 ar	overed charges ayments for services	
11 pa	ayments for services	
12 ar	<del>-</del>	
	nnual covered charges	118,286
		274,042
	nnual payments for services	118,286
14	Anding a impating t CCD	0.552
	Medicare inpatient CCR	0.662
16	and and of an income (CCD 4.0)	404 220
	nnual cost of services (max CCR=1.0)	181,330
18	divistas ant factor	
	djustment factor	1.0420
	nflation	1.0438
21	diversal arrayal abayras	200.040
	djusted annual charges	286,048
	djusted Medicaid payments for services	123,468
-	upplemental rate adjustment payments	0
	otal adjusted Medicaid payments djusted cost of services	123,468
26 ac	ajusted cost of services	189,274
	ther LIDL calculation data	
	ther UPL calculation data	Private
- 1	rovider category for UPL calculation asis for UPL calculation	cost
	PRG differential adjustment rate	0.000000
	naximum annual payments (at DRG differential)	0.000000
33	laximum annual payments (at DNO differential)	0
	naximum annual payments	189,274
	acility specific UPL amount	65,806
36	denity specific of Lamount	03,800
	ggregate limit adjustments	
	llocation of UPL amounts < 0	(2,290)
	llocation of supplemental payments	(8,553)
	otal aggregate limit adjustments	(10,843)
41	5 to . 400. 504 to 44J456	(13,043)
	IPL amount after aggregate limit adjustments - ADJUSTED	54,963
	Original payment made in FY 2014	270
	ifference	54,693
	ntergovernmental transfer amount	0
	let funds amount	54,693

	Facility Name	Lower Oconee Community Hospital
1	Medicaid Provider ID	000002076A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5 6	adjustment factor (if period not equal to 1 year)	1.0000
	CAH status (1 = yes)	1
8	CATT Status (1 – yes)	1
	Medicaid inpatient claims paid at amount > 0:	
-	covered charges	2,008,849
	payments for services	831,041
	annual covered charges	2,008,849
13 14	annual payments for services	831,041
	Madicare innetient CCD	0.361
-	Medicare inpatient CCR	0.361
16		725 724
	annual cost of services (max CCR=1.0)	725,721
18		
	adjustment factor	
-	inflation	1.0438
21		
	adjusted annual charges	2,096,857
	adjusted Medicaid payments for services	867,449
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	867,449
26	adjusted cost of services	757,515
27		
	other UPL calculation data	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	757,515
35	facility specific UPL amount	(109,934)
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	109,934
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	109,934
41		
	UPL amount after aggregate limit adjustments - ADJUSTED	0
	Original payment made in FY 2014	0
	difference	0
	Intergovernmental transfer amount	0
	Net funds amount	0

	Facility Name	Mountain Lakes Medical Center
	Medicaid Provider ID	000001559A
	base period report period beginning date	01/01/11
	base period report period ending date	12/31/11
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	202,314
	payments for services	102,897
	annual covered charges	202,314
	annual payments for services	102,897
14		
	Medicare inpatient CCR	0.643
16		
	annual cost of services (max CCR=1.0)	130,015
18		
	adjustment factor	
	inflation	1.0438
21		
	adjusted annual charges	211,177
	adjusted Medicaid payments for services	107,405
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	107,405
	adjusted cost of services	135,711
27	ath an LIDI, as leadath an alst-	
	other UPL calculation data	Drivete
	provider category for UPL calculation	Private
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
	maximum annual payments (at DRG differential)	0
33	maximum annual naumonts	125 711
	maximum annual payments facility specific LIPL amount	135,711
35 36	facility specific UPL amount	28,306
	aggregate limit adjustments	
	aggregate limit adjustments allocation of UPL amounts < 0	(985)
	allocation of supplemental payments	(3,679)
	total aggregate limit adjustments	(4,664)
41	total applegate milit adjustments	(4,004)
	UPL amount after aggregate limit adjustments - ADJUSTED	23,642
	Original payment made in FY 2014	116
	difference	23,526
	Intergovernmental transfer amount	25,320
	Net funds amount	23,526
40	recerands amount	23,320

3 base period report period ending date 4 5 adjustment factor (if period not equal to 1 year) 6 7 CAH status (1 = yes) 8 9 Medicaid inpatient claims paid at amount > 0: 10 covered charges 11 payments for services 184,0 12 annual covered charges 284,5 13 annual payments for services 184,0 14 15 Medicare inpatient CCR 16 17 annual cost of services (max CCR=1.0) 20 inflation 21 adjustment factor 22 adjusted annual charges 318,3 32 adjusted Medicaid payments for services 224 supplemental rate adjustment payments 225 total adjusted Medicaid payments 226 adjusted cost of services 227 other UPL calculation data 229 provider category for UPL calculation 310 DRG differential adjustment rate 320 maximum annual payments 331 maximum annual payments 342 maximum annual payments 353 facility specific UPL amount 364 maximum annual payments 375 aggregate limit adjustments 386 allocation of UPL amount 397 allocation of Supplemental payments 398 allocation of Supplemental payments 309 allocation of Supplemental payments 310 displacemental adjustments 320 aggregate limit adjustments 331 allocation of UPL amount 332 maximum annual payments 333 allocation of UPL amount 344 UPL amount after aggregate limit adjustments 355 doriginal payment made in FY 2014			
1   Medicaid Provider ID   000001042A   07/01,     2   base period report period beginning date   06/30,     4     6       5   adjustment factor (if period not equal to 1 year)   1.00     6   7   CAH status (1 = yes)			
base period report period beginning date 07/01 base period report period ending date 06/30 dajustment factor (if period not equal to 1 year) 1.00 CAH status (1 = yes) 28 Medicaid inpatient claims paid at amount > 0: covered charges 284, 11 payments for services 184, 12 annual covered charges 284, 13 annual payments for services 184, 14 b Medicare inpatient CCR 0.0: 16 annual covered charges 284, 17 annual payments for services 184, 18 influence inpatient CCR 0.0: 18 adjustment factor (inflation 1.1:1) 19 adjustment factor 1.1: 20 adjusted Amedicaid payments for services 1.318, 21 adjusted Medicaid payments for services 1.32 22 adjusted Medicaid payments for services 1.32 23 adjusted Medicaid payments for services 1.32 24 supplemental rate adjustment payments 1.25 25 total adjusted Medicaid payments 205, 26 adjusted cost of services 1.224, 27 c 1.27 28 other UPL calculation data 1.29 provider category for UPL calculation Private 1.29 provider category for UPL calculation 1.33 30 basis for UPL calculation 3.33 31 maximum annual payments (at DRG differential) 3.34 32 maximum annual payments (at DRG differential) 3.35 33 maximum annual payments (at DRG differential) 3.36 34 maximum annual payments (at DRG differential) 3.37 35 facility specific UPL amount 1.8,6 36 and 37 aggregate limit adjustments 3.30 37 aggregate limit adjustments 3.30 38 allocation of UPL amounts < 0 (6 39 allocation of UPL amounts < 0 (6 30 allocation of UPL amount after aggregate limit adjustments - ADJUSTED 1.5,6		-	-
adjustment factor (if period not equal to 1 year)  CAH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  CAH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  Covered charges  annual covered charges  annual payments for services  Medicare inpatient CCR  annual cost of services (max CCR=1.0)  Medicare inpatient CCR  annual cost of services (max CCR=1.0)  annual cost of services (max CCR=1.0)  annual cost of services (max CCR=1.0)  adjustment factor  inflation  1.1:  adjusted And Medicaid payments for services  adjusted Medicaid payments for services  223 adjusted Medicaid payments for services  224 supplemental rate adjustment payments  total adjusted Medicaid payments  25 total adjusted Medicaid payments  26 adjusted cost of services  27 other UPL calculation data  29 provider category for UPL calculation  DRG differential adjustment rate  maximum annual payments (at DRG differential)  33 maximum annual payments  40 private  34 maximum annual payments  35 facility specific UPL amount  36 aggregate limit adjustments  39 allocation of UPL amounts < 0  40 total aggregate limit adjustments  40 UPL amount after aggregate limit adjustments - ADJUSTED  15,6  Original payment made in FY 2014			
adjustment factor (if period not equal to 1 year)  CAH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  covered charges  annual covered charges  annual payments for services  184,1  Medicare inpatient CCR  10  manual cost of services (max CCR=1.0)  annual cost of services (max CCR=1.0)  annual cost of services (max CCR=1.0)  adjustment factor  inflation  1.1:  adjusted Medicaid payments for services  adjusted Medicaid payments for services  adjusted Medicaid payments for services  205,4  adjusted Medicaid payments  total adjusted Medicaid payments  total adjusted Medicaid payments  provider category for UPL calculation  DRG differential adjustment rate  provider category for UPL calculation  DRG differential adjustment rate  0.0000  maximum annual payments (at DRG differential)  aggregate limit adjustments  18,6  aggregate limit adjustments  (2,4)  total aggregate limit adjustments  (1,0)  (1,0)  (1,0)  (2,4)			07/01/09
adjustment factor (if period not equal to 1 year)  CAH status (1 = yes)  Medicaid inpatient claims paid at amount > 0:  covered charges  payments for services  annual covered charges  annual payments for services  Medicare inpatient CCR  Medicare inpatient CCR  annual cost of services (max CCR=1.0)  annual cost of services (max CCR=1.0)  adjustment factor  inflation  1.1:  adjusted Medicaid payments for services  318,i  adjusted Medicaid payments for services  318,i  adjusted Medicaid payments for services  223 adjusted Medicaid payments for services  318,i  adjusted Medicaid payments  224 supplemental rate adjustment payments  25 total adjusted Medicaid payments  205,i  adjusted Cost of services  224,i  DHL calculation data  provider category for UPL calculation  private  basis for UPL calculation  DRG differential adjustment rate  maximum annual payments (at DRG differential)  maximum annual payments  32 dispersable limit adjustments  33 allocation of UPL amount  34 maximum annual payments  35 facility specific UPL amount  36 aggregate limit adjustments  37 aggregate limit adjustments  38 allocation of UPL amounts < 0  40 UPL amount after aggregate limit adjustments  40 UPL amount after aggregate limit adjustments - ADJUSTED  15,6  Original payment made in FY 2014		base period report period ending date	06/30/10
6 CAH status (1 = yes)  8 Medicaid inpatient claims paid at amount > 0:  10 covered charges  1284,1 11 payments for services  184,1 12 annual covered charges  284,2 13 annual payments for services  184,1 15 Medicare inpatient CCR  16 annual cost of services (max CCR=1.0)  20 inflation  21 adjustement factor  22 adjusted annual charges  23 adjusted Medicaid payments for services  24 supplemental rate adjustment payments  25 total adjusted Medicaid payments  26 adjusted cost of services  27 28 other UPL calculation data  29 provider category for UPL calculation  30 basis for UPL calculation  31 DRG differential adjustment rate  32 maximum annual payments  33 maximum annual payments  34 maximum annual payments  35 facility specific UPL amount  36 answer in adjustment  37 aggregate limit adjustments  38 allocation of Supplemental payments  40 UPL amount after aggregate limit adjustments - ADJUSTED  15,6  16 overed charges  284,2 284,4 29 provider category for UPL calculation  29 provider category for UPL amount  30 basis for UPL amount  31 paggregate limit adjustments  32 dilocation of Supplemental payments  33 dilocation of Supplemental payments  34 duple amount after aggregate limit adjustments  35 facility aggregate limit adjustments  36 duple uPL amount after aggregate limit adjustments  37 duple uPL amount after aggregate limit adjustments  38 dilocation of Supplemental payments  39 dilocation of Supplemental payments  40 Original payment made in FY 2014			
7 CAH status (1 = yes)  8 Medicaid inpatient claims paid at amount > 0:  10 covered charges 284,: 11 payments for services 184, 12 annual covered charges 284,: 13 annual payments for services 184, 14 Medicare inpatient CCR 0.: 16 annual cost of services (max CCR=1.0) 200,: 18 adjustment factor 20 inflation 1.1: 21 adjusted annual charges 318,: 22 adjusted Medicaid payments for services 318,: 23 adjusted Medicaid payments for services 205,it adjusted Medicaid payments 50 total adjusted Medicaid payments 205, adjusted Cost of Services 224,: 27 atotal adjusted Medicaid payments 70 private 20 provider category for UPL calculation 20 private 20 provider category for UPL calculation 20 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments (at DRG differential) 34 maximum annual payments (at DRG differential) 35 facility specific UPL amount 38 allocation of UPL amount 39 allocation of Supplemental payments 310,000 (and payments 310,000 (and payments 3224,100 (and payment		adjustment factor (if period not equal to 1 year)	1.0000
8 Medicaid inpatient claims paid at amount > 0:  10 covered charges 284,11 payments for services 184,12 annual covered charges 284,13 annual payments for services 184,14 15 Medicare inpatient CCR 0.16 17 annual cost of services (max CCR=1.0) 20,18 19 adjustment factor 20 inflation 1.1: 21 adjusted annual charges 318,23 adjusted Medicaid payments for services 22 supplemental rate adjustment payments 23 total adjusted Medicaid payments 25 total adjusted Services 26 adjusted cost of services 27 28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 36 aggregate limit adjustments 37 aggregate limit adjustments 38 allocation of supplemental payments 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014			
9 Medicaid inpatient claims paid at amount > 0:       10 covered charges     284,:       11 payments for services     184,1       12 annual covered charges     184,0       13 annual payments for services     184,0       14		CAH status (1 = yes)	1
10	_		
11 payments for services 184,1 12 annual covered charges 284,1 13 annual payments for services 184,6 14 Medicare inpatient CCR 0.3 15 Medicare inpatient CCR 0.3 16 annual cost of services (max CCR=1.0) 200,7 18 adjustment factor 1.13 21 adjusted annual charges 318,7 22 adjusted Medicaid payments for services 205,8 23 adjusted Medicaid payments payments 205,8 24 supplemental rate adjustment payments 205,8 25 total adjusted Medicaid payments 224,5 27 total adjusted ost of services 224,5 28 other UPL calculation data 29 provider category for UPL calculation Private 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments (at DRG differential) 34 maximum annual payments (at DRG differential) 35 facility specific UPL amount 18,6 36 aggregate limit adjustments 3 allocation of UPL amounts < 0 (6 aggregate limit adjustments 3 (3,0 original payment made in FY 2014			
annual covered charges 284,  annual payments for services 184,0  Medicare inpatient CCR 0.:  Medicare inpatient CCR 0.:  annual cost of services (max CCR=1.0) 200,  adjustment factor inflation 1.1:  adjusted annual charges 318,  adjusted Medicaid payments for services 205,0  supplemental rate adjustment payments 205,0  adjusted cost of services 224,  total adjusted Medicaid payments 205,0  adjusted cost of services 224,  bother UPL calculation data 229 provider category for UPL calculation 232 maximum annual payments (at DRG differential) 33  DRG differential adjustment rate 34  maximum annual payments (at DRG differential) 35  facility specific UPL amount 18,6  aggregate limit adjustments 224,1  aggregate limit adjustments (2,4,4)  total aggregate limit adjustments (2,4,4)  total aggregate limit adjustments (3,0,0)  UPL amount after aggregate limit adjustments - ADJUSTED 15,6  Original payment made in FY 2014		<del>-</del>	284,950
184,14  15 Medicare inpatient CCR  16   17 annual cost of services (max CCR=1.0)  200,1  18  19 adjustment factor  20 inflation  21  22 adjusted annual charges  23 adjusted Medicaid payments for services  25 total adjusted Medicaid payments  26 adjusted decisaid payments  27  28 other UPL calculation data  29 provider category for UPL calculation  30 basis for UPL calculation  30 DRG differential adjustment rate  30 maximum annual payments (at DRG differential)  31 maximum annual payments  32 aggregate limit adjustments  32 aggregate limit adjustments  33 allocation of UPL amounts < 0  44 UPL amount after aggregate limit adjustments  41 UPL amount after aggregate limit adjustments - ADJUSTED  15,6  Original payment made in FY 2014			184,040
14   15   Medicare inpatient CCR			284,950
15 Medicare inpatient CCR 16 17 annual cost of services (max CCR=1.0) 200,:  18 19 adjustment factor 20 inflation 1.1: 21 22 adjusted annual charges 318,: 23 adjusted Medicaid payments for services 205,8 24 supplemental rate adjustment payments 25 total adjusted Medicaid payments 26 adjusted cost of services 27 28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 34 maximum annual payments 35 facility specific UPL amount 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of UPL amounts < 0 40 total aggregate limit adjustments 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 15,6 43 Original payment made in FY 2014		annual payments for services	184,040
16 17 annual cost of services (max CCR=1.0) 200,1 18 19 adjustment factor 20 inflation 21 22 adjusted annual charges 318,2 23 adjusted Medicaid payments for services 205,8 24 supplemental rate adjustment payments 25 total adjusted Medicaid payments 26 adjusted Cost of services 27 28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 30 basis for UPL calculation 31 provider category for UPL calculation 32 maximum annual payments (at DRG differential) 33 34 maximum annual payments 35 facility specific UPL amount 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014			
17 annual cost of services (max CCR=1.0)  18   19   adjustment factor   20   inflation   1.1:  21   22   adjusted annual charges   318,		Medicare inpatient CCR	0.704
18 19 adjustment factor   20 inflation 1.1:   21 22 adjusted annual charges 318,   23 adjusted Medicaid payments for services 205,8   24 supplemental rate adjustment payments 205,8   25 total adjusted Medicaid payments 205,8   26 adjusted cost of services 224,9   27 28 other UPL calculation data 29   29 provider category for UPL calculation Private   30 basis for UPL calculation cost   31 DRG differential adjustment rate 0.0000   32 maximum annual payments (at DRG differential)   33 34 maximum annual payments 224,9   35 facility specific UPL amount 18,6   36 37 aggregate limit adjustments   38 allocation of UPL amounts < 0	_		
19   adjustment factor   1.1:   20   inflation   1.1:   21   22   adjusted annual charges   318,		annual cost of services (max CCR=1.0)	200,746
20	_		
21 adjusted annual charges 318,7 22 adjusted Medicaid payments for services 205,8 23 supplemental rate adjustment payments 25 total adjusted Medicaid payments 205,8 26 adjusted cost of services 224,9 27 28 other UPL calculation data 29 provider category for UPL calculation Private 30 basis for UPL calculation cost 31 DRG differential adjustment rate 0.0000 32 maximum annual payments (at DRG differential) 33 34 maximum annual payments 224,9 35 facility specific UPL amount 18,6 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (6 39 allocation of supplemental payments (2,4 40 total aggregate limit adjustments (3,0) 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 15,6 43 Original payment made in FY 2014			
adjusted annual charges adjusted Medicaid payments for services 205,8 supplemental rate adjustment payments  total adjusted Medicaid payments 205,8 adjusted cost of services 224,5  28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 34 maximum annual payments 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 15,6 43 Original payment made in FY 2014		Inflation	1.1185
adjusted Medicaid payments for services  supplemental rate adjustment payments  total adjusted Medicaid payments  25 total adjusted Medicaid payments  26 adjusted cost of services  27  28 other UPL calculation data  29 provider category for UPL calculation  30 basis for UPL calculation  31 DRG differential adjustment rate  32 maximum annual payments (at DRG differential)  33 maximum annual payments  34 maximum annual payments  35 facility specific UPL amount  36 aggregate limit adjustments  38 allocation of UPL amounts < 0  39 allocation of supplemental payments  40 total aggregate limit adjustments  41 UPL amount after aggregate limit adjustments - ADJUSTED  15,6  43 Original payment made in FY 2014			240 702
24 supplemental rate adjustment payments 25 total adjusted Medicaid payments 26 adjusted cost of services 27 28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 34 maximum annual payments 35 facility specific UPL amount 36 allocation of UPL amounts < 0 37 aggregate limit adjustments 38 allocation of Supplemental payments 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014		=	318,702
total adjusted Medicaid payments  205,8  224,9  27  28 other UPL calculation data  29 provider category for UPL calculation  30 basis for UPL calculation  31 DRG differential adjustment rate  32 maximum annual payments (at DRG differential)  33  34 maximum annual payments  35 facility specific UPL amount  36  37 aggregate limit adjustments  38 allocation of UPL amounts < 0  39 allocation of supplemental payments  40 total aggregate limit adjustments  41  42 UPL amount after aggregate limit adjustments - ADJUSTED  15,6  43 Original payment made in FY 2014			205,840
26 adjusted cost of services  27  28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 324,5 33 maximum annual payments (at DRG differential) 33  34 maximum annual payments 35 facility specific UPL amount 36  37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41  42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014			0
27 28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 34 maximum annual payments 35 facility specific UPL amount 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014			205,840
28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 36 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014		adjusted cost of services	224,524
29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 maximum annual payments 34 maximum annual payments 35 facility specific UPL amount 36 maximum annual payments 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014		ather LIDL calculation data	
30 basis for UPL calculation 31 DRG differential adjustment rate 32 maximum annual payments (at DRG differential) 33 34 maximum annual payments 35 facility specific UPL amount 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014			Drivata
31 DRG differential adjustment rate 0.0000 32 maximum annual payments (at DRG differential) 33 34 maximum annual payments 224,5 35 facility specific UPL amount 18,6 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (6 39 allocation of supplemental payments (2,4 40 total aggregate limit adjustments (3,0 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 15,6 43 Original payment made in FY 2014			
32 maximum annual payments (at DRG differential)  33			
33 maximum annual payments 224,5 35 facility specific UPL amount 36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 39 allocation of supplemental payments 40 total aggregate limit adjustments 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 43 Original payment made in FY 2014			0.000000
34 maximum annual payments  35 facility specific UPL amount  36 37 aggregate limit adjustments  38 allocation of UPL amounts < 0  39 allocation of supplemental payments  40 total aggregate limit adjustments  41 42 UPL amount after aggregate limit adjustments - ADJUSTED  43 Original payment made in FY 2014		maximam annuai payments (at DNO ullierential)	
35 facility specific UPL amount  36  37 aggregate limit adjustments  38 allocation of UPL amounts < 0  39 allocation of supplemental payments  40 total aggregate limit adjustments  41  42 UPL amount after aggregate limit adjustments - ADJUSTED  43 Original payment made in FY 2014		mavimum annual navments	224 524
36 37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (6 39 allocation of supplemental payments (2,4 40 total aggregate limit adjustments (3,0 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 15,6 43 Original payment made in FY 2014			
37 aggregate limit adjustments 38 allocation of UPL amounts < 0 (6 39 allocation of supplemental payments (2,4 40 total aggregate limit adjustments (3,0 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 15,6 43 Original payment made in FY 2014		racincy specific of Lamount	10,004
38 allocation of UPL amounts < 0 (6 39 allocation of supplemental payments (2,4 40 total aggregate limit adjustments (3,0 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 15,6 43 Original payment made in FY 2014		aggregate limit adjustments	
39 allocation of supplemental payments (2,4 40 total aggregate limit adjustments (3,0 41 42 UPL amount after aggregate limit adjustments - ADJUSTED 15,6 43 Original payment made in FY 2014			(650)
40 total aggregate limit adjustments  41  42 UPL amount after aggregate limit adjustments - ADJUSTED  43 Original payment made in FY 2014  (3,0)  15,6			(2,428)
41			(3,078)
42 UPL amount after aggregate limit adjustments - <b>ADJUSTED</b> 43 Original payment made in FY 2014		Total Sobi Court innit adjustments	(3,070)
43 Original payment made in FY 2014		UPL amount after aggregate limit adjustments - ADJUSTED	15,606
			77
13,5			15,529
45 Intergovernmental transfer amount			13,325
			15,529

	Facility Name	Optim Medical Center-Screven
	Medicaid Provider ID	000001647A
	base period report period beginning date	07/01/10
	base period report period ending date	06/30/11
4		
	adjustment factor (if period not equal to 1 year)	1.0000
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	407,015
	payments for services	241,490
	annual covered charges	407,015
	annual payments for services	241,490
14		
	Medicare inpatient CCR	0.688
16		
	annual cost of services (max CCR=1.0)	279,872
18		
	adjustment factor	
	inflation	1.0739
21		407.000
	adjusted annual charges	437,093
	adjusted Medicaid payments for services	259,336
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	259,336
	adjusted cost of services	300,554
27	ath an LIDI, as leadath an alst-	
	other UPL calculation data	Drivete
	provider category for UPL calculation	Private
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
	maximum annual payments (at DRG differential)	0
33 34	maximum annual naumonts	300,554
	maximum annual payments	
35 36	facility specific UPL amount	41,218
	aggregate limit adjustments	
	aggregate limit adjustments allocation of UPL amounts < 0	(1,434)
	allocation of supplemental payments	(5,357)
	total aggregate limit adjustments	(6,791)
40	total applegate milit adjustments	(0,791)
	UPL amount after aggregate limit adjustments - ADJUSTED	34,427
	Original payment made in FY 2014	169
	difference	34,258
	Intergovernmental transfer amount	34,236
	Net funds amount	
40	ivec runus amount	34,258

	Facility Name	Optim Medical Center-Tattnall
	Medicaid Provider ID	000001878A
	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	2,676,470
	payments for services	298,749
	annual covered charges	2,676,470
	annual payments for services	298,749
14		
15	Medicare inpatient CCR	0.147
16		
17	annual cost of services (max CCR=1.0)	392,908
18		
19	<u>adjustment factor</u>	
	inflation	1.0438
21		
22	adjusted annual charges	2,793,726
23	adjusted Medicaid payments for services	311,837
	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	311,837
26	adjusted cost of services	410,121
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Private
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	410,121
35	facility specific UPL amount	98,284
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(3,420)
-	allocation of supplemental payments	(12,774)
40	total aggregate limit adjustments	(16,194)
41		
42	UPL amount after aggregate limit adjustments - ADJUSTED	82,090
43	Original payment made in FY 2014	403
44	difference	81,687
	Intergovernmental transfer amount	0
46	Net funds amount	81,687

	Facility Name	Phoebe Worth Medical Center
	Medicaid Provider ID	000002109A
	base period report period beginning date	08/01/10
3	base period report period ending date	07/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	295,739
	payments for services	174,202
	annual covered charges	295,739
	annual payments for services	174,202
14		
15	Medicare inpatient CCR	0.612
16		
17	annual cost of services (max CCR=1.0)	181,008
18		
	adjustment factor	
	inflation	1.0683
21		
-	adjusted annual charges	315,938
23	adjusted Medicaid payments for services	186,100
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	186,100
26	adjusted cost of services	193,371
27		
	other UPL calculation data	
29	provider category for UPL calculation	Private
	basis for UPL calculation	cost
	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
-	maximum annual payments	193,371
35	facility specific UPL amount	7,271
36	. P. O. P. A.	
37	aggregate limit adjustments	,
38	allocation of UPL amounts < 0	(253)
	allocation of supplemental payments	(945)
	total aggregate limit adjustments	(1,198)
41	LIDI annount diamana di Pianti di America	_
42	UPL amount after aggregate limit adjustments - ADJUSTED	6,073
43	Original payment made in FY 2014	30
	difference	6,043
	Intergovernmental transfer amount	0
46	Net funds amount	6,043